#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,361

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

SONOMA COUNTI	SUMMAKI OF SEK	ICES FOR CASH GRANI	- AGED	AID CODE	TO		CE
10 000 ELICIDIES	HOEDO	INITES OF SERVICE	EVDENDIBLIDEC	ATTERACE COCH			GE
18,909 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.00.00.00.00.00.00.00.00.00.00.00.00.0	12 025	OR DAYS OF CARE	6 555 001 10	PER UNIT/DAY		USER	ELIGIBLE
	13,935	300,185 \$	6,555,801.18	\$ 21.84	15.875	•	•
@PHYSICIANS SERVICES	2,555	9,898 \$	151,433.61	\$ 15.30	.523		•
OUTPATIENT VISITS	70	84	3,212.05	38.24	.004	45.89	.17
OFFICE VISITS	59	70	2,289.76	32.71	.004	38.81	.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13	876.53	67.43	.001	73.04	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.000	45.76	.00
INPATIENT VISITS	13	38	872.03	22.95	.002	67.08	.05
HOSPITAL VISITS	10	29	348.18	12.01	.002	34.82	.02
CRITICAL CARE	1	7	482.60	68.94	.000	482.60	.03
SNF/ICF/TRANS IP CARE	2	2	41.25	20.63	.000	20.63	.00
OPHTHALMOLOGICAL SERVICES	25	30	1,326.84	44.23	.002	53.07	.07
EXAMINATIONS	25	30	1,326.84	44.23	.002	53.07	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	7	20					.17
INPATIENT HOSPITAL SURGERY	·		3,211.52	160.58	.001	458.79	
PRINCIPAL SURGEON	5	6	2,639.84	439.97	.000	527.97	.14
ASSISTANT SURGEON	1	1	207.00	207.00	.000	207.00	.01
ANESTHESIOLOGIST	2	13	364.68	28.05	.001	182.34	.02
OUTPATIENT SURGERY	11	18	3,477.88	193.22	.001	316.17	.18
PRINCIPAL SURGEON	10	12	3,254.56	271.21	.001	325.46	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	6	223.32	37.22	.000	111.66	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	18	283.14	15.73	.001	20.22	.01
RADIOLOGY	33	48	1,328.63	27.68	.003	40.26	.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	4	21.21	5.30	.000	7.07	.00
OTHER SERVICES/ALL X-OVERS	2,443	9,638	137,700.31	14.29	.510	56.37	7.28
@PHARMACY	11,847	223,848 \$	3,132,419.75	\$ 13.99	11.838		
PRESCRIPTION DRUGS	11,628	43,568	3,035,338.88	69.67	2.304	261.04	160.52
SNF/ICF	245	1,588	87,048.53	54.82	.084	355.30	4.60
OUTPATIENTS	11,400	41,980	2,948,290.35	70.23	2.220	258.62	155.92
MEDICAL SUPPLIES	1,274	180,280	97,080.87	.54	9.534	76.20	5.13
@DENTIST	569	2,096 \$	•	\$ 46.64	.111		
•							\$ 5.17 .87
VISITS - DIAGNOSTIC	385	1,278	16,462.73	12.88	.068	42.76	
ORAL SURGERY	83	283	15,178.75	53.64	.015	182.88	.80
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	15	15	1,455.00	97.00	.001	97.00	.08
ENDODONTICS	8	12	3,035.00	252.92	.001	379.38	.16
RESTORATIVE DENTISTRY	109	200	12,921.50	64.61	.011	118.55	.68
PROSTHETICS	4	5	150.00	30.00	.000	37.50	.01
DENTURES, STAYPLATES	121	301	48,561.75	161.33	.016	401.34	2.57
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	1	.00	.00	.000	.00	.00
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

SONOMA COUNTI	SUMMARI OF SERV	ICES FOR	CASH Gr	/WIN I	- AGED		AID CODE		ONT⊞		CE	
10 000 BLIGIBLES	Hanna	IINITEG OF	CEDITE OF	,		7.7.7		M			.GĽ	
18,909 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	2.05	OR DAYS	OF CARE		1.6 0.01 0.5		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	325 28 283		986	\$		\$.052	۶	52.22	\$.90
DIAGNOSTIC AND ANC. PROCED	28		28		1,208.96		43.18	.001		43.18		.06
EYE APPLIANCES	283 43		880		14,435.56		16.40	.047		51.01		.76
OTHER OPTOMETRIC SERVICES	43		78		1,326.83		17.01	.004		30.86		.07
@CHIROPRACTOR	3		9	\$		\$.000	Ş	47.37	Ş	.01
VISITS	1		6		91.96		15.33	.000		91.96		.00
OTHER SERVICES	2		3		50.16		16.72	.000		25.08		.00
@PODIATRIST	1 2 325 0		804	\$	•	\$	9.24	.043	\$	22.86	\$.39
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0 0 325		804		7,428.25		9.24	.043		22.86		.39
@HOME HEALTH AGENCY	1 1		1	\$	45.75	\$	45.75	.000	\$	45.75	\$.00
NURSE ANESTHESIST	1		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0			\$.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER			0 0 6,402	\$.00		.00	.000		.00		.00
@TOTAL HOSPITAL	0 1,744 255		6.402	\$	1 1 1 5 0 6 5 5 0		10000			656.69		60.57
HOSP INPATIENT TOTAL	255		378		998,319.95		2641.06	.020		3914.98		52.80
HSC HOSPITALS	14		84		110,203.44		1311.95	.004		7871.67		5.83
NON-HSC HOSPITAL TOTAL	56		294		727,807.37		2475 54	.016		12996.56		38.49
ACCOMMODATIONS	56 56		294		235,812.46		802 08	.016		4210.94		12.47
	2		4		728.83		182 21	.000		364.42		.04
TRANSITIONAL IP CARE	0		0		.00		102.21	.000		00		.00
ALL OTHER ACCOM	2 0 55		290		235,083.63		178.89 2641.06 1311.95 2475.54 802.08 182.21 .00 810.63	.015		.00 4274.25 8785.62 861.88		12.43
ANCILLARIES	55 56		0		491,994.91		010.03	.000		9795 62		26.02
INPATIENT CROSSOVERS	186		0		160,309.14		.00	.000		0/03.02		8.48
ALL OTHER INPATIENT	0		0		,		0.0	.000		.00		.00
ALL OIDER INVALLENT	1 , 563		6 , 024		146 047 75		24.20					7.77
	1,363		177		146,947.75		24.39	.319		94.02		
MEDICAL	141				5,069.58		28.64	.009		35.95		.27
SURGERY	13		14		683.54		48.82	.001		52.58		.04
PATHOLOGY	43		162		1,867.97		11.53	.009		43.44		.10
RADIOLOGY	23		34		2,740.24		80.60	.002		119.14		.14
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	60		74 5 , 563		2,911.60		39.35	.004		48.53		.15
	1,406		5,563		133,674.82		24.39 28.64 48.82 11.53 80.60 39.35 24.03	.294		95.07		7.07
@COUNTY HOSPITAL TOTAL	2		4	\$	302.78	\$	/5./0	.000	Ş		Ş	.02
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0 0 0 0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0 0 2		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2		4		302.78		75.70	.000		151.39		.02
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	2		2		231.40		115.70	.000		115.70		.01
PATHOLOGY	0		0		.00		.00	.000		.00		.00

.00 .00 .000 71.38 35.69 .000 .00 .00 .000 .00 71.38 0 RADIOLOGY 0 .00 .00 2 2 ROOM USE 35.69 .00 .000 .00 0 0 .00 CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,363

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

SONOMA COUNTY	SUMMARY OF SER	VICES FOR CASH	GRANT	- AGED	AID CODE	10			
501.0121 0001.11	0011111111	. 1020 1011 011011	0141111	11022	1112 0022	MON	THIY AVERA	GE	
18,909 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST				COST PER
10,303 22101222	00210	OR DAYS OF CA			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,742	6,398	\$	1,144,964.92	\$ 178.96	.338			60.55
COMM HOSP INPATIENT TOTAL	255	378	т	998,319.95	2641.06	.020	3914.98	Τ.	52.80
HSC HOSPITALS	14	84		110,203.44	1311.95	.004	7871.67		5.83
NON-HSC HOSPITALS TOTAL		294		727,807.37	2475.54	.016	12996.56		38.49
ACCOMMODATIONS	56 56	294		235,812.46	802.08	.016	4210.94		12.47
	2	4		728.83	182.21	.000	364.42		.04
TRANSITIONAL IP CARE				.00	.00	.000	.00		.00
ALL OFFER ACCOM	5.5	300		235,083.63	810.63	.015	4274.25		12.43
ALL OTHER ACCOM ANCILLARIES	2 0 55 56	0 290 0 0 0 6,020 177		491,994.91	.00	.000	8785.62		26.02
	186	0					861.88		
INPATIENT CROSSOVERS	186	0		160,309.14	.00	.000			8.48
ALL OTHER INPATIENT	1,561	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,561	6,020		146,644.97	24.36	.318	93.94		7.76
MEDICAL	141	1//		5,069.58	28.64	.009	35.95		.27
SURGERY	11	12		452.14	37.68	.001	41.10		.02
PATHOLOGY	43	162		1,867.97	11.53	.009	43.44		.10
RADIOLOGY	23	34		2,740.24	24.36 28.64 37.68 11.53 80.60	.002	119.14		.14
ROOM USE	58	72		2,840.22	39.45	.004	48.97		.15
CROSSOVERS/ALL OTH OUTPTNT	1,406	5,563		133,674.82	24.03	.294	95.07		7.07
@STATE HOSPITAL	23	731	\$	369,115.94			16048.52	\$	19.52
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	23	731		369,115.94	504.95	.039	16048.52		19.52
@NURSING FACILITY	280	6,184	\$	1,000,132.34		.327	3571.90	\$	52.89
LEV A-INTERMEDIATE	23 0 23 280 0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	1	14		1,754.48	125.32	.001	1754.48		.09
LEV B-SUBACUTE FREESTANDING	0	14 0 0 0 0 6,170		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0 0 279	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	279	6,170		998,377.86	161.81	.326	3578.42		52.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		0.0	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	56	85	Ś	46,240.47	\$ 544.01	.004		Ś	2.45
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
ICF DDH ICF DD ICF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY GLABORATORY FACILITY PATHOLOGY	56	85		46,240.47	544.01	.004	825.72		2.45
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		Ś	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
GLARORATORY FACTLITY	5.5	95	S	1,098.54	\$ 11.56	.005		Ś	.06
PATHOLOGY	4.8	72	۲	979.45	13.60	.004	20.41	Y	.05
XO AND OTHERS	7	23		119.09	5.18	.001	17.01		.01
@ORGANIZED OUTPATIENT CLINIC		2,401	\$	118,042.01	\$ 49.16	.127		Ċ	6.24
CLINIC CLINIC	1,431 2	2,401	۲	49.27	24.64	.000	24.64	ې	.00
SURGICENTER	56	64		11,517.45	179.96	.003	205.67		.61
	0	0		.00	.00	.003	.00		.00
HEROIN DETOX CLINIC							.00 76.27		
RURAL HEALTH CLINIC	1,396	2,335	י סשמנו	106,475.29	45.60	.123		_	5.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAT SEKAI	CES AND EXPENDIT	OKES I	MONTH-OF-PAYMENT F	CELOKI LOK DAN	ZUU4 IHKU DE	JC 2004	Ρ	AGE 15,364

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

						MC	NTHLY AVERA	GE
18,909 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,072	46,645	\$	469,698.62	\$ 10.07	2.467	\$ 226.69	\$ 24.84
DURABLE MED. EQUIP.	74	232		37 , 826.66	163.05	.012	511.17	2.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	58	96		16,343.65	170.25	.005	281.79	.86
MEDICAL TRANSPORTATION	113	2,681		17,352.86	6.47	.142	153.57	.92
AMBULANCES/AIR TRANS	8	115		1,027.14	8.93	.006	128.39	.05
OTHER TRANS	79	2,496		15,918.84	6.38	.132	201.50	.84
OTHER SERVICES	27	70		406.88	5.81	.004	15.07	.02
ACUPUNCTURE	37	101		1,796.01	17.78	.005	48.54	.09
ADULT DAY HEALTH CARE CTR	40	512		35,649.32	69.63	.027	891.23	1.89
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	555	3,338		203,292.07	60.90	.177	366.29	10.75
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	335	786		9,300.00	11.83	.042	27.76	.49
PHYSICAL THERAPIST	1	4		2.81	.70	.000	2.81	.00
PORTABLE X-RAY	14	25		14.99	.60	.001	1.07	.00
PROSTHETIST/ORTHOTISTS	1	1		5.10	5.10	.000	5.10	.00
PROSTHETICS	1	1		5.10	5.10	.000	5.10	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	3	5		108.50	21.70	.000	36.17	.01
SPEECH AND AUDIOLOGY	82	174		12,975.55	74.57	.009	158.24	.69
HOSPICE SERVICES	33	700		93,318.13	133.31	.037	2827.82	4.94
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,043	37 , 990		41,712.97	1.10	2.009	39.99	2.21
@CALIF. CHILDREN SERVICES*	3	3	\$	105.00	\$ 35.00	.000	\$ 35.00	\$.01
@XOVER EXCLUDING STATE HOSP**	4,543	25 , 095	\$	682,966.76	\$ 27.22	1.327	\$ 150.33	\$ 36.12
A* TOTATO IN THESE ITNES ARE CIV	EN AC A CEDA	DATE THEODMATTON	ТФБМ	ONIT V •				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,365 MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

		MONTHLY AVE							
2,361 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,717	84,444	\$	1,699,585.26	\$ 20.13	35.766	989.86	\$ 719.86	
@PHYSICIANS SERVICES	455	1,446	\$	50,832.24	\$ 35.15	.612	111.72	\$ 21.53	
OUTPATIENT VISITS	197	328		12,555.94	38.28	.139	63.74	5.32	
OFFICE VISITS	159	239		6 , 757.61	28.27	.101	42.50	2.86	
HOME VISITS	1	1		34.30	34.30	.000	34.30	.01	
EMERGENCY ROOM	56	79		5,489.91	69.49	.033	98.03	2.33	
PREVENTIVE CARE	1	1		43.85	43.85	.000	43.85	.02	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	9	8		230.27	28.78	.003	25.59	.10	
INPATIENT VISITS	27	115		4,738.04	41.20	.049	175.48	2.01	
HOSPITAL VISITS	27	112		4,373.24	39.05	.047	161.97	1.85	
CRITICAL CARE	2	3		364.80	121.60	.001	182.40	.15	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	21	25	1,155.82	46.23	.011	55.04	.49
EXAMINATIONS	21	25	1,155.82	46.23	.011	55.04	.49
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	67	5,539.00	82.67	.028	553.90	2.35
PRINCIPAL SURGEON	6	10	3,967.23	396.72	.004	661.21	1.68
ASSISTANT SURGEON	1	2	336.36	168.18	.001	336.36	.14
ANESTHESIOLOGIST	5	55	1,235.41	22.46	.023	247.08	.52
OUTPATIENT SURGERY	28	99	8,632.73	87.20	.042	308.31	3.66
PRINCIPAL SURGEON	17	20	6,302.71	315.14	.008	370.75	2.67
ASSISTANT SURGEON	2	2	201.79	100.90	.001	100.90	.09
ANESTHESIOLOGIST	10	77	2,128.23	27.64	.033	212.82	.90
DIALYSIS	4	8	355.33	44.42	.003	88.83	.15
PATHOLOGY	27	74	1,028.37	13.90	.031	38.09	. 44
RADIOLOGY	64	103	4,591.10	44.57	.044	71.74	1.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	17	172.29	10.13	.007	24.61	.07
OTHER SERVICES/ALL X-OVERS	231	610	12,063.62	19.78	.258	52.22	5.11
@PHARMACY	1,345	43,090	\$ 534,975.06	\$ 12.42	18.251	\$ 397.75	\$ 226.59
PRESCRIPTION DRUGS	1,300	5,714	492,032.90	86.11	2.420	378.49	208.40
SNF/ICF	21	135	5,822.08	43.13	.057	277.24	2.47
OUTPATIENTS	1,280	5 , 579	486,210.82	87.15	2.363	379.85	205.93
MEDICAL SUPPLIES	251	37 , 376	42,942.16	1.15	15.831	171.08	18.19
@DENTIST	73	408	\$ 11,969.80	\$ 29.34	.173	\$ 163.97	\$ 5.07
VISITS - DIAGNOSTIC	60	247	3,370.10	13.64	.105	56.17	1.43
ORAL SURGERY	11	56	2,756.00	49.21	.024	250.55	1.17
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	6	406.50	67.75	.003	101.63	.17
ENDODONTICS	3	6	426.00	71.00	.003	142.00	.18
RESTORATIVE DENTISTRY	22	76	3,451.20	45.41	.032	156.87	1.46
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	5	10	1,495.00	149.50	.004	299.00	.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DE	C 2004	PAGE 15,366
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	r - BLIND	AID CODE	20		

SONOMA COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT	- BLIND		AID CODE	20				
							M	ONT	HLY AVERA	GE.	
2,361 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	23	70	\$	2,835.67	\$	40.51	.030	\$	123.29	\$	1.20
DIAGNOSTIC AND ANC. PROCED	8	8		399.25		49.91	.003		49.91		.17
EYE APPLIANCES	19	58		2,221.94		38.31	.025		116.94		.94
OTHER OPTOMETRIC SERVICES	2	4		214.48		53.62	.002		107.24		.09
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$.01
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.01
@PODIATRIST	60	131	\$	980.65	\$	7.49	.055	\$	16.34	\$.42
MEDICINE/INJECTIONS	10	13		378.40		29.11	.006		37.84		.16
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	50	118		602.25		5.10	.050		12.05		.26
@HOME HEALTH AGENCY	17	2,016	\$	60,076.26	\$	29.80	.854		3533.90	\$	25.45
NURSE ANESTHESIST	0	0	\$.00		.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00		.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000		.00		.00
@TOTAL HOSPITAL	355	2,591	\$	275,948.61		106.50	1.097	\$	777.32	\$	116.88
HOSP INPATIENT TOTAL	42	91		224,720.30		2469.45	.039		5350.48		95.18
HSC HOSPITALS	3	6		9,716.17		1619.36	.003		3238.72		4.12
NON-HSC HOSPITAL TOTAL	20	85		199,075.11		2342.06	.036		9953.76		84.32
ACCOMMODATIONS	20	85		49,338.03		580.45	.036		2466.90		20.90
ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.004		2313.00		.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	75		47,025.03		627.00	.032		2351.25		19.92
ANCILLARIES	20	0		149,737.08		.00	.000		7486.85		63.42
INPATIENT CROSSOVERS	19	0		15,929.02		.00	.000		838.37		6.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	329	2,500		51,228.31		20.49	1.059		155.71		21.70
MEDICAL	97	144		5,679.63		39.44	.061		58.55		2.41
SURGERY	24	27		1,696.11		62.82	.011		70.67		.72
PATHOLOGY	104	593		6,309.93		10.64	.251		60.67		2.67
RADIOLOGY	50	68		4,287.76		63.06	.029		85.76		1.82
ROOM USE	127	191		7,090.52		37.12	.081		55.83		3.00
CROSSOVERS/ALL OTH OUTPINT		1,477		26,164.36		17.71	.626		142.20		11.08
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	•			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES :	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 15,367
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	- BLIND	AID CODE	20		
					MONT	HLY AVERAC	F

COMMINITY HOSPITAL TOTAL 355 COST PER PERMINITURES PERMINITURY PER ELIG USERS COMMINITY HOSPITAL TOTAL 355 COST PER PERMINITURY PER ELIG USERS COMMINITY HOSPITAL TOTAL 355 COST PER COST PER
COMMINITY HOSPITAL TOTAL 355 2,591 \$ 275,948.61 \$ 106.50 1.097 \$ 777.32 \$ 116.88
COMM HOSP INPATIENT TOTAL 42 91 224/720.30 2469.45 0.39 5350.48 95.18
HSC HOSPITALS 3
NON-HSC HOSPITALS TOTAL 20
ACCOMMODATIONS 20 85 49,338.03 580.45 .036 2466.90 20.90 ADMINISTRATIVE DAYS 1 10 2,313.00 231.30 .004 2313.00 .98 TRANSITIONAL IP CARE 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00
ALL OTHER ACCOM 20 75 47,025.03 627.00 .032 2351.25 19.92 ANCILLARIES 20 0 149,737.08 .00 .000 7486.85 63.42 INPATIENT CROSSOVERS 19 0 15,929.02 .00 .000 838.37 6.75 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0
ANCILLARIES 20 0 149,737.08 .00 .000 7486.85 63.42 INPATIENT CROSSOVERS 19 0 15,929.02 .00 .000 838.37 6.75 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 .000 .0
INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
COMM HOSP OUTPATIENT TOTAL 329 2,500 51,228.31 20.49 1.059 155.71 21.70 MEDICAL 97 144 5,679.63 39.44 .061 58.55 2.41 SURGERY 24 27 1,696.11 62.82 .011 70.67 .72 PATHOLOGY 104 593 6,309.93 10.64 .251 60.67 2.67 RADIOLOGY 50 68 4,287.76 63.06 .029 85.76 1.82 ROOM USE 127 191 7,090.52 37.12 .081 55.83 3.00 CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 24 731 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 @NURSING FACILITY 23 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP OUTPATIENT TOTAL 329 2,500 51,228.31 20.49 1.059 155.71 21.70 MEDICAL 97 144 5,679.63 39.44 .061 58.55 2.41 SURGERY 24 27 1,696.11 62.82 .011 70.67 .72 PATHOLOGY 104 593 6,309.93 10.64 .251 60.67 2.67 RADIOLOGY 50 68 4,287.76 63.06 .029 85.76 1.82 ROOM USE 127 191 7,090.52 37.12 .081 55.83 3.00 CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SURGERY 24 27 1,696.11 62.82 .011 70.67 .72 PATHOLOGY 104 593 6,309.93 10.64 .251 60.67 2.67 RADIOLOGY 50 68 4,287.76 63.06 .029 85.76 1.82 ROOM USE 127 191 7,090.52 37.12 .081 55.83 3.00 CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 24 731 379,245.25 518.80 .310 15801.89 160.63 @NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 .00 .00 .00
SURGERY 24 27 1,696.11 62.82 .011 70.67 .72 PATHOLOGY 104 593 6,309.93 10.64 .251 60.67 2.67 RADIOLOGY 50 68 4,287.76 63.06 .029 85.76 1.82 ROOM USE 127 191 7,090.52 37.12 .081 55.83 3.00 CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 24 731 379,245.25 518.80 .310 15801.89 160.63 @NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 .00 .00 .00
PATHOLOGY 104 593 6,309.93 10.64 .251 60.67 2.67 RADIOLOGY 50 68 4,287.76 63.06 .029 85.76 1.82 ROOM USE 127 191 7,090.52 37.12 .081 55.83 3.00 CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 24 731 379,245.25 518.80 .310 15801.89 \$ 160.63 @NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY 50 68 4,287.76 63.06 .029 85.76 1.82 ROOM USE 127 191 7,090.52 37.12 .081 55.83 3.00 CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00
CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 24 731 379,245.25 518.80 .310 15801.89 160.63 @NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT 184 1,477 26,164.36 17.71 .626 142.20 11.08 @STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 24 731 379,245.25 518.80 .310 15801.89 160.63 @NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00 .00
@STATE HOSPITAL 24 731 \$ 379,245.25 \$ 518.80 .310 \$ 15801.89 \$ 160.63 MENTALLY ILL 0 0 .00
DEVELOP. DISABLED 24 731 379,245.25 518.80 .310 15801.89 160.63 @NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00 .00
DEVELOP. DISABLED 24 731 379,245.25 518.80 .310 15801.89 160.63 @NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00
@NURSING FACILITY 23 544 \$ 91,767.28 \$ 168.69 .230 \$ 3989.88 \$ 38.87 LEV A-INTERMEDIATE 0 0 .00
LEV A-INTERMEDIATE 0 0 .00
LEV B-REHAB MD 0 0 .00
LEV B-SUBACUTE FREESTANDING 0 0 .00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00
LEV B-REGULAR 23 544 91,767.28 168.69 .230 3989.88 38.87
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00
ICF DD 0 0 .00 .00 .00 .00 .00 .00
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 .00
@HEMODIALYSIS TOTAL 50 1,047 \$ 113,549.87 \$ 108.45 .443 \$ 2271.00 \$ 48.09
HOSPITAL BASED 7 156 63,539.66 407.31 .066 9077.09 26.91
HEMODIALYSIS CENTER 43 891 50,010.21 56.13 .377 1163.03 21.18
@REHABILITATION FACILITY 21 241 \$ 3,499.70 \$ 14.52 .102 \$ 166.65 \$ 1.48
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
INDEPENDENT FACILITY 21 241 3,499.70 14.52 .102 166.65 1.48
@LABORATORY FACILITY 44 269 \$ 3,180.50 \$ 11.82 .114 \$ 72.28 \$ 1.35
PATHOLOGY 43 267 3,162.85 11.85 .113 73.55 1.34
XO AND OTHERS 1 2 17.65 8.83 .001 17.65 .01

@ORGANIZED OUTPATIENT CLINIC	131		\$ 17,797.69				
CLINIC	4	9	551.42			137.86	.23
SURGICENTER	3	3	453.88				.19
HEROIN DETOX CLINIC	0	0	.00		.000		.00
RURAL HEALTH CLINIC	125	193	16,792.39				7.11
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR	JAN 2004 THRU	DEC 2004	PAGE 15,368
MOP024	FEE-FOR-SERVICE						03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	NT - BLIND	AID	CODE 20		
0.061						MONTHLY AVERA	
2,361 ELIGIBLES	USERS		EXPENDITURES		COST UNITS/DAY		COST PER
	2.52	OR DAYS OF CARE	4.50.000.00	PER UNIT	DAY PER ELIC		ELIGIBLE
GALL OTHER PROVIDERS	363	- ,	\$ 152,909.96	\$ 4.			•
DURABLE MED. EQUIP.	64	216	34,055.39				14.42
BLOOD BANK	U	0 1	.00 551.31		.000 .000		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	20	14,864	551.31 45,287.45	3.			.23 19.18
MEDICAL TRANSPORTATION	3.5	142	3,147.24	22.			1.33
AMBULANCES/AIR TRANS	23 54	14,716	42,105.04				17.83
OHIER CERVICES	1	•	42,103.04				.01
VCIIDIINCTTIDE	3 T	12	216.26				.09
ACULONCIONE	7	5.4	3,757.32				1.59
GENETIC DISEASE TESTING	1	1	105.00				.04
THMC MODEL - NE NE AIDS MSSP	42	192	15,124.39				6.41
OCCUPATIONAL THERAPIST	0	132	.00				.00
OPTICIAN	33	8.4	1,868.14				.79
PHYSICAL THERAPIST	0	0	.00		.000		.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	0	0	.00		.000		.00
PROSTHETIST/ORTHOTISTS	13	45	10.666.53	237.			4.52
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS	13	6 12 54 1 192 0 84 0 0 45 45		237.			4.52
ORTHOTICS	0	0			.000		.00
PSYCHOLOGIST	4	0 23	669.81				.28
SPEECH AND AUDIOLOGY	5	8	1,661.52	207.	.003	332.30	.70
HOSPICE SERVICES	1	112	16,740.64		.047	16740.64	7.09
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	55	946	10,679.43	11.	.401	194.17	4.52
EPSDT SUPPLEMENTAL SERVICE		0	.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000		.00
PED SUBACUTE REHAB/WEANING		0	.00		.000	.00	.00
ALL OTHER PROVIDERS	131	15,096			76 6.394		4.88
@CALIF. CHILDREN SERVICES*			\$ 203,492.89			\$ 2097.86	
@XOVER EXCLUDING STATE HOSP*			\$ 94,346.08	\$ \$ 15.	15 2.587	\$ 253.62	\$ 39.96
0* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED							
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT FOR	JAN 2004 THRU	DEC 2004	
MOP024	FEE-FOR-SERVICE						03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	NT - DISABLED	AID	CODE 60		
						MONTHLY AVERA	
93,138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		COST UNITS/DAY		COST PER
0.00.00.00.00.00.00.00.00.00.00.00.00.0	76.000	OR DAYS OF CARE	01 060 701 50		DAY PER ELIC		ELIGIBLE
@TOTAL, ALL PROVIDERS	76 , 228	1,659,433	· ·			\$ 1194.62	
@PHYSICIANS SERVICES	18,739	•	\$ 2,791,930.87				
OUTPATIENT VISITS	8,543	12,366	512,448.02				5.50
OFFICE VISITS	5,003	6 , 699	212,820.30				2.28
HOME VISITS	119	154	8,654.20				.09
EMERGENCY ROOM	3,296	4,676	268,217.19	57.	.050	81.38	2.88

PREVENTIVE CARE	14	14		572.84		40.92	.000		40.92		.01
OB VISITS/COMPRE PERI	18	32		2,197.02		68.66	.000		122.06		.02
OTHER OUTPATIENT	682	791		19,986.47		25.27	.008		29.31		.21
INPATIENT VISITS	1,475	6 , 528		325,535.53		49.87	.070		220.70		3.50
HOSPITAL VISITS	1,103	5 , 343		240,916.10		45.09	.057		218.42		2.59
CRITICAL CARE	165	543		64,401.63		118.60	.006		390.31		.69
SNF/ICF/TRANS IP CARE	351	642		20,217.80		31.49	.007		57.60		.22
OPHTHALMOLOGICAL SERVICES	513	668		27,337.34		40.92	.007		53.29		.29
EXAMINATIONS	512	667		27,270.20		40.88	.007		53.26		.29
SERVICES AND MATERIALS	1	1		67.14		67.14	.000		67.14		.00
INPATIENT HOSPITAL SURGERY	549	3,452		279,872.55		81.08	.037		509.79		3.00
PRINCIPAL SURGEON	387	565		209,907.29		371.52	.006		542.40		2.25
ASSISTANT SURGEON	35	34		7,377.14		216.97	.000		210.78		.08
ANESTHESIOLOGIST	222	2,853		62,588.12		21.94	.031		281.93		.67
OUTPATIENT SURGERY	1,424	4,045		286,408.35		70.81	.043		201.13		3.08
PRINCIPAL SURGEON	1,152	1,533		231,802.33		151.21	.016		201.22		2.49
ASSISTANT SURGEON	9	9		1,037.11		115.23	.000		115.23		.01
ANESTHESIOLOGIST	353	2,503		53,568.91		21.40	.027		151.75		.58
DIALYSIS	150	197		34,818.85		176.75	.002		232.13		.37
PATHOLOGY	1,239	3,339		53,034.05		15.88	.036		42.80		.57
RADIOLOGY	4,468	8,514		404,250.60		47.48	.091		90.48		4.34
PSYCHIATRY	6	7		205.28		29.33	.000		34.21		.00
IMMUNIZATION AND INJECTION	453	5,946		324,005.88		54.49	.064		715.24		3.48
OTHER SERVICES/ALL X-OVERS	7,226	53,173		544,014.42		10.23	.571		75.29		5.84
@PHARMACY	59,216		\$		\$		9.178	Ś		Ś	297.05
PRESCRIPTION DRUGS	58,337	265,372	т	27,030,681.72		101.86	2.849	7	463.35	7	290.22
SNF/ICF	1,580	11,904		1,186,349.26		99.66	.128		750.85		12.74
OUTPATIENTS	56,885	253,468		25,844,332.46		101.96	2.721		454.33		277.48
MEDICAL SUPPLIES	5,188	589,486		635,717.55		1.08	6.329		122.54		6.83
@DENTIST	4,310		\$	642,408.32	\$.193	Ś		Ś	6.90
VISITS - DIAGNOSTIC	3,065	11,344	Τ	152,176.93	τ	13.41	.122	т	49.65	т	1.63
ORAL SURGERY	692	1,995		116,345.75		58.32	.021		168.13		1.25
DRUGS	8	9		100.00		11.11	.000		12.50		.00
ANESTHESIA	23	23		1,900.00		82.61	.000		82.61		.02
PERIODONTICS	183	213		22,659.00		106.38	.002		123.82		.24
ENDODONTICS	158	226		43,799.25		193.80	.002		277.21		.47
RESTORATIVE DENTISTRY	1,123	2,874		161,073.05		56.04	.031		143.43		1.73
PROSTHETICS	36	40		880.00		22.00	.000		24.44		.01
DENTURES, STAYPLATES	384	1,073		138,777.62		129.34	.012		361.40		1.49
SPACE MAINTAINERS	2	2		240.00		120.00	.000		120.00		.00
MAXILLOFACIAL SERVICES	11	15		1,545.47		103.03	.000		140.50		.02
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	40	68		2,765.00		40.66	.001		69.13		.03
ALL OTHER SERVICES	88	105		146.25		1.39	.001		1.66		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	c Mc		Z D O D II			DEC		D 7	AGE 15,370
MOP024	FEE-FOR-SERVICE		O MC	MIH-OF-FAIMENI KE	FOKI	I FOR JAN	2004 IRKU .	DEC	2004	r F	03/14/05
SONOMA COUNTY		ILLES FOR CASH GRAI	אידי _	DICABIED		AID CODE	60				03/14/03
SONOMA COONTI	SUMMANT OF SERV	TCES FOR CASH GRAI	IN T	DISABLED		AID CODE	M	וידותר	HIV AMERA	CF -	
93,138 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	2/17	TRACE COST	UNITS/DAY:				COST PER
93 , 130 ED101DDE3	ODENO	OR DAYS OF CARE		EXIENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,964		\$	119,032.64	\$	20.16	.063		60.61		1.28
DIAGNOSTIC AND ANC. PROCED	759	821	т	34,627.17	7	42.18	.009	~	45.62	Τ.	.37
EYE APPLIANCES	1,616	4,860		77,177.75		15.88	.052		47.76		.83
OTHER OPTOMETRIC SERVICES	150	223		7,227.72		32.41	.002		48.18		.08
@CHIROPRACTOR	203		\$	8,511.51	\$	16.31	.006	Ś	41.93	Ś	.09
VISITS	186	493	7	8,146.99	т	16.53	.005	Τ.	43.80	Τ.	.09
. = = = = =	100	133		0,110.99			•000		10.00		• 0 3

OTHER SERVICES	17	29	364.52	12.57	.000	21.44	.00
@PODIATRIST	1,019	1,805	\$ 22,666.97	\$ 12.56	.019	\$ 22.24	\$.24
MEDICINE/INJECTIONS	252	316	8,133.13	25.74	.003	32.27	.09
SURGERY/ANES.	13	15	1,274.98	85.00	.000	98.08	.01
RADIO./PATHOLOGY	3	3	65.74	21.91	.000	21.91	.00
OTHER	759	1,471	13,193.12	8.97	.016	17.38	.14
@HOME HEALTH AGENCY	380	11,940	\$ 409,535.89	\$ 34.30	.128	\$ 1077.73	\$ 4.40
NURSE ANESTHESIST	2	7	\$ 234.83	\$ 33.55	.000	\$ 117.42	\$.00
NURSE MIDWIFE	65	407	\$ 7,437.32	\$ 18.27	.004	\$ 114.42	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	12	14	\$ 450.60	\$ 32.19	.000	\$ 37.55	\$.00
@TOTAL HOSPITAL	16 , 985	85 , 993	\$ 13,967,560.01	\$.923	\$ 822.35	\$ 149.97
HOSP INPATIENT TOTAL	1,371	5 , 650	11,685,718.79	2068.27	.061	8523.50	125.47
HSC HOSPITALS	182	1,271	1,928,022.64	1516.93	.014	10593.53	20.70
NON-HSC HOSPITAL TOTAL	706	4,379	9,231,258.73	2108.07	.047	13075.44	99.11
ACCOMMODATIONS	704	4,379	2,636,041.28	601.97	.047	3744.38	28.30
ADMINISTRATIVE DAYS	13	214	43,426.58	202.93	.002	3340.51	.47
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	693	4,165	2,592,614.70	622.48	.045	3741.15	27.84
ANCILLARIES	706	0	6,595,217.45	.00	.000	9341.67	70.81
INPATIENT CROSSOVERS	513	0	526,437.42	.00	.000	1026.19	5.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16,227	80,343	2,281,841.22	28.40	.863	140.62	24.50
MEDICAL	6 , 210	10,132	373,724.58	36.89	.109	60.18	4.01
SURGERY	1,311	1,491	72,988.43	48.95	.016	55.67	.78
PATHOLOGY	5,001	22 , 558	282,256.60	12.51	.242	56.44	3.03
RADIOLOGY	3 , 325	5 , 030	448,015.48	89.07	.054	134.74	4.81
ROOM USE	8,111	12,030	455,646.51	37.88	.129	56.18	4.89
CROSSOVERS/ALL OTH OUTPINT	7,074	29 , 102	649,209.62	22.31	.312	91.77	6.97
@COUNTY HOSPITAL TOTAL	61	237	\$ 42,142.84	\$ 177.82	.003	\$ 690.87	\$.45
CO HOSPITAL INPATIENT TOTAL	11	35	36,270.18	1036.29	.000	3297.29	.39
HSC HOSPITALS	11	27	32,048.00	1186.96	.000	2913.45	.34

NON-HSC HOSPITALS TOTAL	1	8		4,222.18	527.77	.000	4222.18		.05
ACCOMMODATIONS	1	8		1,850.40	231.30	.000	1850.40		.02
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	8		1,850.40	231.30	.000	1850.40		.02
ANCILLARIES	1	0		2,371.78	.00	.000	2371.78		.03
INPATIENT CROSSOVERS	Û	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	52	202		5 , 872.66	29.07	.002	112.94		.06
MEDICAL	17	24		702.27	29.26	.002	41.31		.01
SURGERY	5	5		381.07	76.21	.000	76.21		.00
	14	71							
PATHOLOGY	14 6	6		1,764.36	24.85	.001	126.03		.02
RADIOLOGY	-			337.97	56.33	.000	56.33		.00
ROOM USE	34	53		2,025.65	38.22	.001	59.58		.02
CROSSOVERS/ALL OTH OUTPTNT	24	43		661.34	15.38	.000	27.56	_	.01
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU D	EC 2004	Ρ.	AGE 15,371
MOP024	FEE-FOR-SERVICE								03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- DISABLED	AID CODE				
							NTHLY AVERA		
93,138 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,944	85 , 756	\$	13,925,417.17	\$ 162.38	.921	•	\$	149.51
COMM HOSP INPATIENT TOTAL	1,360	5 , 615		11,649,448.61	2074.70	.060	8565.77		125.08
HSC HOSPITALS	171	1,244		1,895,974.64	1524.10	.013	11087.57		20.36
NON-HSC HOSPITALS TOTAL	705	4,371		9,227,036.55	2110.97	.047	13088.00		99.07
ACCOMMODATIONS	703	4,371		2,634,190.88	602.65	.047	3747.07		28.28
ADMINISTRATIVE DAYS	13	214		43,426.58	202.93	.002	3340.51		.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	692	4,157		2,590,764.30	623.23	.045	3743.88		27.82
ANCILLARIES	705	. 0		6,592,845.67	.00	.000	9351.55		70.79
INPATIENT CROSSOVERS	513	0		526,437.42	.00	.000	1026.19		5.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	16,191	80,141		2,275,968.56	28.40	.860	140.57		24.44
MEDICAL	6 , 197	10,108		373,022.31	36.90	.109	60.19		4.01
SURGERY	1,306	1,486		72,607.36	48.86	.016	55.60		.78
PATHOLOGY	4,993	22,487		280,492.24	12.47	.241	56.18		3.01
RADIOLOGY	3,321	5,024		447,677.51	89.11	.054	134.80		4.81
ROOM USE	8,090	11,977		453,620.86	37.87	.129	56.07		4.87
CROSSOVERS/ALL OTH OUTPTNT	7,054	29,059		648,548.28	22.32	.312	91.94		6.96
@STATE HOSPITAL	1,918	59,552	\$	32,323,767.19	\$ 542.78		\$ 16852.85	ċ	347.05
-	1,910	39 , 332	ې	.00	.00	.000	.00	Ą	.00
MENTALLY ILL				32,323,767.19	542.78		16852.85		347.05
DEVELOP. DISABLED	1 , 918 856	59 , 552	Ċ			.639	\$ 4377.16	ċ	
@NURSING FACILITY	856	23,405	\$	3,746,845.00	\$ 160.09		•	Ş	40.23
LEV A-INTERMEDIATE	_	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	235	8,187		1,159,587.14	141.64	.088	4934.41		12.45
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	16	529		300,046.27	567.20	.006	18752.89		3.22
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	605	14,689		2,287,211.59	155.71	.158	3780.52		24.56
@INTERMEDIATE CARE FACILDD	455	14,109	\$	2,974,633.39	\$ 210.83		\$ 6537.66	Ş	31.94
ICF DDH	230	7,337		1,242,326.41	169.32	.079	5401.42		13.34
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	225	6 , 772		1,732,306.98	255.80	.073	7699.14		18.60
@HEMODIALYSIS TOTAL	619	17,242	\$	777 , 750.94	\$ 45.11		\$ 1256.46	\$	8.35
HOSPITAL BASED	0	Ω		0.0	0.0	000	0.0		0.0

HEMODIALYSIS CENTER

HOSPITAL BASED

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@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	408	5,053	\$	78,820.99	\$	15.60	.054	193.19	\$.85
HOSPITAL BASED	61	508		11,026.16		21.71	.005	180.76		.12
TNDEPENDENT FACILITY	347	4,545		67.794.83						.73
GIABORATORY FACTITTY	4 384	17 889	\$	67,794.83 254,762.43	Ś	14 24	.192		Ś	2.74
DATEOLOGY INCIDIT	1,301	17 776	۲	251,702.13	Ψ.	14.28	.191		٧	2.72
YO AND OFFIEDS	4,349	112		253,753.53 1,008.90		8.93	.001			.01
@ORGANIZED OUTPATIENT CLINIC	35	113	<u>^</u>	2,289,654.14	^	8.93	.001		<u> </u>	
@ORGANIZED OUTPATIENT CLINIC	12,126	24,416	Ş	2,289,654.14	Ş	93./8	.262		Ş	24.58
CLINIC	435	1,319 375		35,949.05 30,585.98		27.25	.014	82.64		.39
SURGICENTER	119			30,585.98		81.56	.004	257.03		.33
HEROIN DETOX CLINIC	4 4	631		7,642.59		12.11	.007	173.70		.08
RURAL HEALTH CLINIC	435 119 44 11,587	22,091		7,642.59 2,215,476.52		100.29	.237	191.20		23.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT R	REPOR'	r for jan 2	2004 THRU DE	C 2004	PA	GE 15,372
MOP024	FEE-FOR-SERVICE									03/14/05
SONOMA COUNTY			TRANT	- DISABLED		AID CODE	60			00/ 11/ 00
SONOPIA COUNTI	SOPPART OF SERV	TOTAL CASH C)I/LIII I	DISABLED		AID CODE	MON	יעם אין אין אין	~₽	
02 120 ELICIDIES	HCEDC	UNITS OF SERVIC	10	EXPENDIBLEC	70 7 71	EDACE COCE	TINITHO (DAVO			
93,138 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS	UNITS OF SERVIC	_E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAIS			OST PER
		OR DAYS OF CAR	₹E		PEI	R UNIT/DAY	PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	10,633	420 , 094	Ş	2,981,389.22	Ş	7.10	4.510		Ş	
DURABLE MED. EQUIP.	1 , 267	4 , 948		856 , 941.57		173.19	.053	676.35		9.20
BLOOD BANK	15	19		2,868.75		150.99	.000	191.25		.03
HEARING AID DISPENSERS	78	121		17,154.85		141.78	.001	219.93		.18
MEDICAL TRANSPORTATION	1,934	100,935		483,541.15		4.79	1.084	250.02		5.19
AMBIILANCES/AIR TRANS	1.237	9.314		188.246 37		20 21	1.084	152 18		2.02
OTHER TRANS	620	91 477		285 117 87		3 12	.982	459.87		3.06
OTHER CERVICES	020	21 , 1//		10 176 01		70 67	.002			.11
OTHER SERVICES	120	144		10,170.91		16.05	.002	103.85 43.60		
ACUPUNCTURE	138	35/		0,017.22		16.85	.004	43.60		.06
ADULT DAY HEALTH CARE CTR	135	1,545		107,119.21 1,575.00 466,341.39		69.33	.01/	793.48 105.00 834.24		1.15
GENETIC DISEASE TESTING	15	15		1,575.00		105.00	.000	105.00		.02
IHMC, MODEL-NF, NF, AIDS, MSSP	559	11 , 235		466,341.39		41.51	.121	834.24		5.01
OCCUPATIONAL THERAPIST	0	0		.00 47,477.67		.00	.000	.00 26.02		.00
OPTICIAN	1,825	4,204		47,477.67		11.29	.045	26.02		.51
PHYSICAL THERAPIST	71	340		4.424.00		13.01	.004	62.31		.05
PORTABLE X-RAY	44	85		1,420 76		16 71	.001	32.29		.02
PROSTHETIST/ORTHOTISTS	186	776		116,924.31 116,924.31 .00		150.68	.008	628.63		1.26
DDOCTUETTCC	106	776		116 024 31		150.68	.008	628.63		1.26
PROSTRETICS	100	770		110,924.31		.00	.000	.00		.00
ORTHOTICS	170	534		.00						
PSYCHOLOGIST	1/3	534		12,915.80		24.19	.006	74.66 153.54		.14
SPEECH AND AUDIOLOGY	910	2,938		12,915.80 139,725.25 276,770,71		47.56	.032	153.54		1.50
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	55	1 , 885		276 , 770.71		146.83 750.00 8.22		5032.19 750.00 200.41		2.97
NONINST BIRTHING CENTERS	2	2		1,500.00		750.00		750.00		.02
LOCAL EDUCATION AGENCIES	1,147	27 , 973		229,870.10		8.22	.300	200.41		2.47
EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		- 00		.00	.000	.00		.00
ALL OTHER PROVIDERS	3.125	262-182		208-801 48		.80	2.815			2.24
@CALIF. CHILDREN SERVICES*	1,591	96,148	\$	2,447,766.00	Ġ	25.46		1538.51	Ċ	26.28
@XOVER EXCLUDING STATE HOSP**	10 002	122 505		1 000 604 20	ç			173.23		20.28
					Ş	13.29	1.320	1/3.23	Ą	20.20
0* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV			JRES 1	MONTH-OF-PAYMENT R	REPOR!	r for jan 2	2004 THRU DE	C 2004	PA	GE 15,373
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30)-33 3	35 40 42 3A-3M 3P	3R 31	J 3W 4C-4G				
							MON	THLY AVERA	GE -	
71,653 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS			OST PER
,	3.2 = 1.0	OR DAYS OF CAR				R UNIT/DAY		USER		LIGIBLE
		JI DIIID OI CAI			اند ــ	01111/ 1/11		ODLIN	٠	

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS	34,501 10,244 7,642 4,098	155,989 22,325 9,931 5,108	\$ \$	9,417,242.78 990,301.51 355,916.68 145,937.97	\$	35.84 28.57 .00	.1	12 39 71 00	\$ \$	272.96 96.67 46.57 35.61		131.43 13.82 4.97 2.04
EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI	3,038 122 172	3 , 503 123 451		164,574.22 4,946.33 22,410.91		46.98 40.21 49.69	.0	49 02 06		54.17 40.54 130.30		2.30 .07 .31
OTHER OUTPATIENT	652	746		18,047.25		24.19		10		27.68		.25
INPATIENT VISITS	423	1,315		104,973.13		79.83		18		248.16		1.47
HOSPITAL VISITS	406	1,021		49,944.69		48.92		14		123.02		.70
CRITICAL CARE	44	291		54,901.34		188.66		04		1247.76		.77
SNF/ICF/TRANS IP CARE	2 119	3 148		127.10 6,797.87		42.37 45.93		00		63.55		.00
OPHTHALMOLOGICAL SERVICES EXAMINATIONS	119	148		6,735.83		45.93		02 02		57.12 57.57		.09
SERVICES AND MATERIALS	2	1		62.04		62.04		00		31.02		.00
INPATIENT HOSPITAL SURGERY	455	2,396		217,379.91		90.73		33		477.76		3.03
PRINCIPAL SURGEON	292	341		171,239.15		502.17		05		586.44		2.39
ASSISTANT SURGEON	29	29		5,621.11		193.83		00		193.83		.08
ANESTHESIOLOGIST	204	2,026		40,519.65		20.00		28		198.63		.57
OUTPATIENT SURGERY	786	1 , 988		107,932.45		54.29		28		137.32		1.51
PRINCIPAL SURGEON	664	839		83,985.25		100.10	.0	12		126.48		1.17
ASSISTANT SURGEON	3	3		287.43		95.81	.0	00		95.81		.00
ANESTHESIOLOGIST	157	1,146		23,659.77		20.65		16		150.70		.33
DIALYSIS	3	3		338.24		112.75		00		112.75		.00
PATHOLOGY	902	1,723		23,614.20		13.71		24		26.18		.33
RADIOLOGY	2,323	3,457		100,226.45		28.99		48		43.15		1.40
PSYCHIATRY	0	0		.00		.00		00		.00		.00
IMMUNIZATION AND INJECTION	136	249		26,953.88		108.25		03		198.19		.38
OTHER SERVICES/ALL X-OVERS	613 14 , 100	1,115 40,032	\$	46,168.70	\$	41.41 43.66		16	\$	75.32	ċ	.64 24.39
@PHARMACY PRESCRIPTION DRUGS	14,100	31,822	Þ	1,747,844.60 1,711,578.96	Þ	43.00 53.79		59 44	Ş	123.96 122.24	Ş	23.89
SNF/ICF	14,002	31 , 622		82.16		9.13		00		13.69		.00
OUTPATIENTS	13,997	31,813		1,711,496.80		53.80		44		122.28		23.89
MEDICAL SUPPLIES	457	8,210		36,265.64		4.42		15		79.36		.51
@DENTIST	3,837	20,136	\$	586,488.33	\$	29.13			\$	152.85	\$	8.19
VISITS - DIAGNOSTIC	2,894	13,282		194,802.93	·	14.67		85		67.31		2.72
ORAL SURGERY	559	1,177		70,239.25		59.68	.0	16		125.65		.98
DRUGS	31	33		718.75		21.78	.0	00		23.19		.01
ANESTHESIA	27	27		2,900.00		107.41		00		107.41		.04
PERIODONTICS	26	27		2,751.00		101.89		00		105.81		.04
ENDODONTICS	327	651		62,264.89		95.64		09		190.41		.87
RESTORATIVE DENTISTRY	1,388	4,439		221,960.10		50.00		62		159.91		3.10
PROSTHETICS	0	0		.00		.00		00		.00		.00
DENTURES, STAYPLATES	37 32	101		13,871.66		137.34		01		374.91		.19
SPACE MAINTAINERS	32 8	39		4,576.00		117.33		01		143.00		.06
MAXILLOFACIAL SERVICES	0	12		700.00		58.33		00		87.50		.01
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	176	217		.00 11,103.75		.00 51.17		03		.00 63.09		.00 .15
ALL OTHER SERVICES	96	131		600.00		4.58		02		6.25		.01
#CALIF DEPT OF HEALTH SERV			ES	MONTH-OF-PAYMENT R	EPOR				DEC		P/	AGE 15,374
MOP024	FEE-FOR-SERVICE				010							03/14/05
SONOMA COUNTY			33	35 40 42 3A-3M 3P	3R 31	J 3W 4C-4G						. ,
								- M	ITNON	HLY AVERA	GE -	
71,653 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST						COST PER

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	840	2,473	\$	54,942.39	\$	22.22	.035	\$	65.41	\$.77
DIAGNOSTIC AND ANC. PROCED	606	635		27,552.59		43.39	.009		45.47		.38
EYE APPLIANCES	629	1,815		26,386.58		14.54	.025		41.95		.37
OTHER OPTOMETRIC SERVICES	23	23		1,003.22		43.62	.000		43.62		.01
@CHIROPRACTOR	63	129	\$	2,156.88	\$.002	\$	34.24	\$.03
VISITS	63	129		2,156.88	·	16.72	.002		34.24	·	.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	29	45	\$	1,277.71	\$	28.39	.001	Ś	44.06	Ś	.02
MEDICINE/INJECTIONS	27	33	•	1,046.71		31.72	.000		38.77		.01
SURGERY/ANES.	5	7		137.58		19.65	.000		27.52		.00
RADIO./PATHOLOGY	3	5		93.42		18.68	.000		31.14		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	138	321	\$	20,144.05	\$	62.75	.004	Ś		Ś	.28
NURSE ANESTHESIST	1	14	\$	259.41	\$.000	\$	259.41	\$.00
NURSE MIDWIFE	161	1,250	Š	30,457.22	\$			\$	189.18	\$.43
PEDIATRIC NURSE PRACTITIONER		1,250	Š	.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	12	16	Ċ	384.00	\$	24.00		\$	32.00	\$.01
@TOTAL HOSPITAL	8,699	31,854	\$	3,950,291.47		124.01		\$	454.11		55.13
HOSP INPATIENT TOTAL	426	1,708	Ÿ	3,062,612.81	Y	1793.10	.024	Ÿ	7189.23	Ÿ	42.74
HSC HOSPITALS	50	274		469,123.16		1712.13	.024		9382.46		6.55
	382			2,593,489.65							
NON-HSC HOSPITAL TOTAL	380	1,434				1808.57 636.67	.020		6789.24		36.20
ACCOMMODATIONS	380	1,434 0		912,991.01			.020		2402.61		12.74
ADMINISTRATIVE DAYS	•			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	380	1,434		912,991.01		636.67	.020		2402.61		12.74
ANCILLARIES	382	0		1,680,498.64		.00	.000		4399.21		23.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	8,454	30,146		887,678.66		29.45	.421		105.00		12.39
MEDICAL	3,311	4,475		162,996.66		36.42	.062		49.23		2.27
SURGERY	809	970		40,728.88		41.99	.014		50.34		.57
PATHOLOGY	2,198	7 , 806		93,144.94		11.93	.109		42.38		1.30
RADIOLOGY	1,838	2,418		156,299.41		64.64	.034		85.04		2.18
ROOM USE	6,267	8 , 157		305,262.81		37.42	.114		48.71		4.26
CROSSOVERS/ALL OTH OUTPTNT		6 , 320		129,245.96		20.45	.088		48.92		1.80
@COUNTY HOSPITAL TOTAL	19	74	\$	5 , 175.86	\$.001	\$		\$.07
CO HOSPITAL INPATIENT TOTAL	1	2		2,200.02		1100.01	.000		2200.02		.03
HSC HOSPITALS	1	2		2,200.02		1100.01	.000		2200.02		.03
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	19	72		2,975.84		41.33	.001		156.62		.04
MEDICAL	7	8		382.17		47.77	.000		54.60		.01
SURGERY	5	8		242.40		30.30	.000		48.48		.00
PATHOLOGY	3	18		397.51		22.08	.000		132.50		.01
RADIOLOGY	1	1		24.24		24.24	.000		24.24		.00
ROOM USE	14	19		933.76		49.15	.000		66.70		.01
CROSSOVERS/ALL OTH OUTPINT	8	18		995.76		55.32	.000		124.47		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		EPOR			DEC		PA	GE 15,375
MOP024	FEE-FOR-SERVICE/DEN							_			03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES		-33 3	35 40 42 3A-3M 3P 3	3R 3	U 3W 4C-4G					-, -, -, -0
					0						

71,653 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_		CLIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,685	31,780	\$ 3,945,115.61	\$ 124.14	.444	•	55.06
COMM HOSP INPATIENT TOTAL	425	1,706	3,060,412.79	1793.91		7200.97	42.71
HSC HOSPITALS	49	272	,	1716.63	.004	9529.04	6.52
NON-HSC HOSPITALS TOTAL	382	1,434	2,593,489.65		.020	6789.24	
ACCOMMODATIONS	380	1,434	912,991.01	636.67	.020	2402.61	12.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	380	1,434	912,991.01	636.67	.020	2402.61	12.74
ANCILLARIES	382	0	1,680,498.64	.00	.000	4399.21	23.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,440	30,074	884,702.82		.420	104.82	12.35
MEDICAL	3,304	4,467	162,614.49	36.40	.062	49.22	2.27
SURGERY	804	962	40,486.48	42.09	.013	50.36	.57
PATHOLOGY	2,195	7 , 788	92,747.43	11.91	.109	42.25	1.29
RADIOLOGY	1,837	2,417	156,275.17	64.66	.034	85.07	2.18
ROOM USE	6 , 256	8,138	304,329.05	37.40	.114	48.65	4.25
CROSSOVERS/ALL OTH OUTPINT	2,634	6,302	128,250.20	20.35	.088	48.69	1.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	387	\$	7,305.03	\$	18.88	.005	\$	3652.52	\$.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	387		7,305.03		18.88	.005		3652.52		.10
@REHABILITATION FACILITY	23	227	\$	3,462.22	\$	15.25	.003	\$	150.53	\$.05
HOSPITAL BASED	5	17		664.87		39.11	.000		132.97		.01
INDEPENDENT FACILITY	18	210		2,797.35		13.32	.003		155.41		.04
@LABORATORY FACILITY	2,085	5,820	\$	87,100.93	\$	14.97	.081	\$	41.78	\$	1.22
PATHOLOGY	2,085	5 , 820		87,100.93		14.97	.081		41.78		1.22
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8,241	13,961	\$	1,675,917.12	\$	120.04	.195	\$	203.36	\$	23.39
CLINIC	762	2,236		67,278.83		30.09	.031		88.29		.94
SURGICENTER	7	54		2,127.82		39.40	.001		303.97		.03
HEROIN DETOX CLINIC	9	96		1,191.83		12.41	.001		132.43		.02
RURAL HEALTH CLINIC	7,505	11 , 575		1,605,318.64		138.69	.162		213.90		22.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 15,376
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR CGF 30)-33	35 40 42 3A-3M 3P	3R 3U	J 3W 4C-4G					

----- MONTHLY AVERAGE -----USERS EXPENDITURES 71,653 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 16,999 258,909.91 2,943 \$ 15.23 .237 \$ 3.61 @ALL OTHER PROVIDERS 87.97 \$ DURABLE MED. EQUIP. 86 204 13,067.30 64.06 .003 151.95 .18 306.00 BLOOD BANK 612.00 153.00 .000 .01 2 1,971.98 985.99 985.99 HEARING AID DISPENSERS .000 .03 22.85 311 68,052.60 218.82 MEDICAL TRANSPORTATION 2**,**978 .042 .95 305 AMBULANCES/AIR TRANS 2,905 50,290.92 17.31 .041 164.89 .70 OTHER TRANS 4 62 276.80 4.46 .001 69.20 .00 1589.53 OTHER SERVICES 11 11 17,484.88 1589.53 .000 .24 17.43 55.19 ACUPUNCTURE 38 662.31 .001 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 103.05 GENETIC DISEASE TESTING 37 3,813.00 .001 103.05 .05 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 1,406 18.94 OPTICIAN 650 12,310.27 8.76 .020 .17 809.54 18.83 89.95 PHYSICAL THERAPIST 43 .001 0 0 .00 PORTABLE X-RAY .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 56 9,401.86 167.89 .001 447.71 .13 167.89 447.71 PROSTHETICS 9,401.86 .001 ORTHOTICS 0 .00 .000 .00 0 .00 .00 12 .05 PSYCHOLOGIST 65 3,561.38 54.79 .001 296.78 42.63 95.25 143 .002 SPEECH AND AUDIOLOGY 6,096.30 HOSPICE SERVICES 2,989.40 149.47 .000 2989.40 .04 5 NONINST BIRTHING CENTERS 5 4,776.72 955.34 .000 955.34 .07 LOCAL EDUCATION AGENCIES 1,660 11,798 124,193.50 10.53 74.82 .165 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 32.96 ALL OTHER PROVIDERS 112 200 6,591.75 58.85 .003 .09 8,318 @CALIF. CHILDREN SERVICES* 841,388.95 \$ 101.15 .116 \$ 2557.41 \$ 11.74 25.03 @XOVER EXCLUDING STATE HOSP** 450.46 .000 \$ 45.05 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,377 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT	- TOTAL				
							GE
186,061 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	126,381	2,200,051 \$	108,736,420.75	\$ 49.42	11.824 \$	860.39	\$ 584.41
@PHYSICIANS SERVICES	31,993	131,904 \$	3,984,498.23	\$ 30.21	.709 \$		
OUTPATIENT VISITS	16,452	22,709	884,132.69	38.93	.122	53.74	4.75
OFFICE VISITS	9,319	12,116	367,805.64	30.36	.065	39.47	1.98
	120	155	•	56.05	.001	72.40	.05
HOME VISITS			8,688.50				
EMERGENCY ROOM	6,402	8,271	439,157.85	53.10	.044	68.60	2.36
PREVENTIVE CARE	137	138	5,563.02	40.31	.001	40.61	.03
OB VISITS/COMPRE PERI	190	483	24,607.93	50.95	.003	129.52	.13
OTHER OUTPATIENT	1,344	1,546	38,309.75	24.78	.008	28.50	.21
INPATIENT VISITS	1,938	7,996	436,118.73	54.54	.043	225.04	2.34
HOSPITAL VISITS	1,546	6,505	295,582.21	45.44	.035	191.19	1.59
CRITICAL CARE	212	844	120,150.37	142.36	.005	566.75	.65
SNF/ICF/TRANS IP CARE	355	647	20,386.15	31.51	.003	57.43	.11
OPHTHALMOLOGICAL SERVICES	678	871	36,617.87	42.04	.005	54.01	.20
	675	869	-				
EXAMINATIONS			36,488.69	41.99	.005	54.06	.20
SERVICES AND MATERIALS	3	2	129.18	64.59	.000	43.06	.00
INPATIENT HOSPITAL SURGERY	1,021	5 , 935	506,002.98	85.26	.032	495.60	2.72
PRINCIPAL SURGEON	690	922	387 , 753.51	420.56	.005	561.96	2.08
ASSISTANT SURGEON	66	66	13,541.61	205.18	.000	205.18	.07
ANESTHESIOLOGIST	433	4,947	104,707.86	21.17	.027	241.82	.56
OUTPATIENT SURGERY	2,249	6,150	406,451.41	66.09	.033	180.73	2.18
PRINCIPAL SURGEON	1,843	2,404	325,344.85	135.33	.013	176.53	1.75
ASSISTANT SURGEON	14	14	1,526.33	109.02	.000	109.02	.01
ANESTHESIOLOGIST	522	3,732	79,580.23	21.32	.020	152.45	.43
DIALYSIS	157	208	35,512.42	170.73	.020	226.19	.19
PATHOLOGY	2,182	5,154	77,959.76	15.13	.028	35.73	.42
RADIOLOGY	6,888	12,122	510,396.78	42.10	.065	74.10	2.74
PSYCHIATRY	6	7	205.28	29.33	.000	34.21	.00
IMMUNIZATION AND INJECTION	599	6 , 216	351,153.26	56.49	.033	586.23	1.89
OTHER SERVICES/ALL X-OVERS	10,513	64,536	739,947.05	11.47	.347	70.38	3.98
@PHARMACY	86,508	1,161,828 \$	33,081,638.68	\$ 28.47	6.244 \$	382.41	\$ 177.80
PRESCRIPTION DRUGS	85 , 267	346,476	32,269,632.46	93.14	1.862	378.45	173.44
SNF/ICF	1,852	13,636	1,279,302.03	93.82	.073	690.77	6.88
OUTPATIENTS	83,562	332,840	30,990,330.43	93.11	1.789	370.87	166.56
MEDICAL SUPPLIES	7,170	815,352	812,006.22	1.00	4.382	113.25	4.36
@DENTIST	8,789	40,628 \$		\$ 32.95	.218 \$		
•	6,404	26,151	366,812.69	14.03	.141	57.28	1.97
VISITS - DIAGNOSTIC	•		-				
ORAL SURGERY	1,345	3,511	204,519.75	58.25	.019	152.06	1.10
DRUGS	40	43	818.75	19.04	.000	20.47	.00
ANESTHESIA	50	50	4,800.00	96.00	.000	96.00	.03
PERIODONTICS	228	261	27 , 271.50	104.49	.001	119.61	.15
ENDODONTICS	496	895	109,525.14	122.37	.005	220.82	.59
RESTORATIVE DENTISTRY	2,642	7 , 589	399,405.85	52.63	.041	151.18	2.15
PROSTHETICS	41	46	1,060.00	23.04	.000	25.85	.01
DENTURES, STAYPLATES	547	1,485	202,706.03	136.50	.008	370.58	1.09
SPACE MAINTAINERS	34	41	4,816.00	117.46	.000	141.65	.03
MAXILLOFACIAL SERVICES	19	27	2,245.47	83.17	.000	118.18	.01
	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS							
ORTHODONTIC SERVICES	217	286	13,903.75	48.61	.002	64.07	.07
ALL OTHER SERVICES	193	242	746.25	3.08	.001	3.87	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,378 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SONOMA COUNTY	SUMMARY OF SER	VICES FOR CASH G	KANT -	- TOTAL			Mo	ONTE	III V 7777777	CE.	
10C 0C1 BLICIDIES	USERS	INTEG OF CEDITO	,	EXPENDITURES	7. 7. 7	EDACE COCH					
186,061 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITURES					USER		COST PER ELIGIBLE
	2 1 5 2	OR DAYS OF CAR		102 702 05		R UNIT/DAY					1.04
@OPTOMETRIST	3,152 1,401	9,433	\$		\$	20.54 42.75	.051	Þ	61.48	Ş	
DIAGNOSTIC AND ANC. PROCED		1,492		63,787.97		42.75	.008		45.53		.34
EYE APPLIANCES	2,547	7,613		120,221.83		15.79	.041		47.20		.65
OTHER OPTOMETRIC SERVICES	218	328	_	9,772.25	_	29.79		_	44.83	_	.05
@CHIROPRACTOR	270	661	\$		\$.004	Ş	40.10	Ş	.06
VISITS	250	628		10,395.83		16.55	.003		41.58		.06
OTHER SERVICES	20	33		431.40		13.07			21.57		.00
@PODIATRIST	1,433	2 , 785	\$		\$.015	\$	22.58	\$.17
MEDICINE/INJECTIONS	289	362		9,558.24		26.40	.002		33.07		.05
SURGERY/ANES.	18 6 1,134 536	22		1,412.56		64.21 19.90	.000		78.48		.01
RADIO./PATHOLOGY	6	8		159.16		19.90	.000		26.53		.00
OTHER	1,134	2 , 393		21,223.62		8.87 34.30 23.54	.013		18.72		.11
@HOME HEALTH AGENCY	536	14,278	\$	489,801.95	\$	34.30	.077	\$	913.81	\$	2.63
NURSE ANESTHESIST	4	21	\$	494.24	\$	23.54	.000	\$	123.56	\$.00
NURSE MIDWIFE	226	1,657	\$	37,894.54	\$	22.87	.009	\$	167.67	\$.20
PEDIATRIC NURSE PRACTITIONER	0	. 0	\$		\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0.4	30	\$	834.60	\$	27.82	.000		34.78		.00
@TOTAL HOSPITAL	27,783	126,840	Ś	10 220 067 70	خ	150 47	602				103.94
HOSP INPATIENT TOTAL	27,783 2,094	7,827		15,971,371.85		2040.55	.042		7627.21		85.84
HSC HOSPITALS	249	1,635		2,517,065.41		1539.49	.009		10108.70		13.53
NON-HSC HOSPITAL TOTAL	1,164	6,192		12,751,630.86		2059 37	.033		10955.01		68.53
ACCOMMODATIONS	1,160	6 , 192		3,834,182.78		2040.55 1539.49 2059.37 619.22 203.81 .00 635.10	.033		3305.33		20.61
ADMINISTRATIVE DAYS	16	228		46,468.41		203 81	.001		2904.28		.25
TRANSITIONAL IP CARE		0		.00		00	.000		.00		.00
ALL OTHER ACCOM	0 1,148	5 , 964		3,787,714.37		635 10	.032		.00 3299.40		20.36
ANCILLARIES	1,164	3,304		8,917,448.08		055.10	.000		7661 04		47.93
	718	0		702,675.58		.00	.000		7661.04 978.66		3.78
INPATIENT CROSSOVERS ALL OTHER INPATIENT	710	0 0 0		.00		.00	.000		.00		.00
ALL OIDER INPALLENT		119,013		3,367,695.94		28.30	.640				
	26,573			3,367,695.94					126.73		18.10
MEDICAL	9,759	14,928		547, 470. 45 116,096.96 383,579.44		36.67			56.10 53.82 52.22		2.94
SURGERY	2,157 7,346	2,502		116,096.96		46.40	.013		53.82		.62
PATHOLOGY	7,346	31,119		383,5/9.44		12.33	.167		52.22		2.06
RADIOLOGY	5,236	7,550		611,342.89		80.97	.041		116.76		3.29
ROOM USE	14,565 11,306	20,452		770,911.44		80.97 37.69	.110		52.93		4.14
CROSSOVERS/ALL OTH OUTPTNT	11,306	42,462		938,294.76		22.10	.228		82.99		5.04
@COUNTY HOSPITAL TOTAL	82 12	315	\$		\$	22.10 151.18 1039.74	.002	\$	580.75	\$.26
CO HOSPITAL INPATIENT TOTAL		37		38,470.20		1039.74	.000		3205.85		.21
HSC HOSPITALS	12	29		34,248.02		1180.97	.000		2854.00		.18
NON-HSC HOSPITALS TOTAL	1	8		4,222.18		527.77 231.30	.000		4222.18		.02
ACCOMMODATIONS	1	8		1,850.40		231.30	.000		1850.40		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	8		1,850.40		231.30	.000		1850.40		.01
ANCILLARIES	1	0		2,371.78		.00	.000		2371.78		.01
INPATIENT CROSSOVERS	1 0 0 1 1 0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0 73	278		9,151.28		32.92	.001		125.36		.05
MEDICAL	24	32		1,084.44		33.89	.000		45.19		.01
SURGERY	12	15		854.87		56.99	.000		71.24		.00
PATHOLOGY	17	89		2,161.87		24.29	.000		127.17		.01
1111101001	± /	0 9		2,101.07		21.27	• 0 0 0				• • •

7 7 RADIOLOGY 362.21 51.74 .000 50 74 3,030.79 ROOM USE 40.96 .000 CROSSOVERS/ALL OTH OUTPINT 32 61 1,657.10 27.17 .000

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

51.74

60.62

51.78

.00

.02

.01 PAGE 15,379

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SONOMA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- TOTAL				
						ITHLY AVERAG	
186,061 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27,726	126,525 \$	19,291,446.31	\$ 152.47	.680 \$	695.79	\$ 103.68
COMM HOSP INPATIENT TOTAL	2,082	7,790	15,932,901.65	2045.30	.042	7652.69	85.63
HSC HOSPITALS	237	1.606	2.482.817.39	1545.96	.009	10476.02	13.34
NON-HSC HOSPITALS TOTAL	1 163	6 184	12 747 408 68	2061 35	.033	10960.80	68.51
ACCOMMODATIONS	1 150	6 184	3 832 332 38	610 72	.033	3306.59	20.60
ACCOMMODATIONS ADMINITERDATIVE DAVE	1,133	220	16 160 11	202 01	.001	2904.28	.25
MDANCIMIONAL ID CARE	10	220	40,400.41	2043.30 1545.96 2061.35 619.72 203.81 .00 635.64	.000	.00	.00
TRANSTITONAL IF CARE	1 1 4 7	- OF 6	2 705 062 07	.00	.000		
ALL OTHER ACCOM	1,14/	5,956	3,785,863.97	635.64	.032	3300.67	20.35
ANCILLARIES	1,163	Ü	8,915,076.30	.00	.000	7665.59	47.91
INPATIENT CROSSOVERS	718	0	702,675.58	.00		978.66	3.78
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26 , 521	118 , 735	3,358,544.66	28.29	.638	126.64 56.10	18.05
MEDICAL	9 , 739	14,896	546 , 386.01	36.68	.080	56.10	2.94
SURGERY	2,145	7,790 1,606 6,184 6,184 228 0 5,956 0 0 118,735 14,896 2,487 31,030 7,543 20,378 42,401	115,242.09	.00 28.29 36.68 46.34 12.29 81.00 37.68	.013	53.73	.62
PATHOLOGY	7,335	31,030	381,417.57	12.29	.167	52.00	2.05
RADIOLOGY	5,231	7,543	610,980.68	81.00	.041	116.80	3.28
ROOM USE	14.531	20.378	767.880.65	37.68	.110	52.84	4.13
CROSSOVERS/ALL OTH OUTPTNT	11.278	42,401	936,637.66	22.09	.228	83.05	5.03
CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	1 965	61,014 \$	936,637.66 33,072,128.38	\$ 542.04		16830.60	
MENUNITY III	1,905	01,014	.00	.00	.000	.00	.00
MENIALLI ILL	1 0 6	61,014		542.04	.328	16830.60	177.75
DEVELOP. DISABLED	1,965		33,072,128.38				
UNURSING FACILITY	1,159	30,133 \$	4,838,744.62	\$ 160.58		4174.93	
LEV A-INTERMEDIATE	0	0	.00 1,161,341.62	.00	.000	.00	.00
LEV B-REHAB MD	236	8,201		141.61	.044	4920.94	6.24
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00
LEV B-SUBACUTE HSPTL BASED	16	529	300,046.27	567.20	.003		1.61
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	907	21,403	3,377,356.73	157.80	.115	3723.66	18.15
@INTERMEDIATE CARE FACILDD	455	14,109 \$		\$ 210.83	.076 \$	6537.66	\$ 15.99
ICF DDH	230	7,337	1,242,326.41	169.32	.039	5401.42	6.68
ICF DD	0	0	.00	.00	.000	.00	.00
TCF DDN/DDCN	225	6,772	1,732,306.98	255.80	.036	7699.14	9.31
GHEMODIALYSIS TOTAL	727	18,761 \$	944,846.31	\$ 50.36		1299.65	
HOSPITAL BASED	7	156	63,539.66	407.31	.001	9077.09	.34
HEMODIALVEIC CENTED	720	18,605	881,306.65	47.37	.100	1224.04	4.74
ADEILADII THAHTON EACTITHY	150	5,521 \$	85,782.91			189.79	
GREHABILITATION FACILITY	452						
HOSPITAL BASED	66	525	11,691.03	22.27 14.83	.003	177.14	.06
INDEPENDENT FACILITY	386	4,996 24.073 \$	74,091.88		.027	191.95	.40
@LABORATORY FACILITY	6,568	,	346,142.40	\$ 14.38	.129 \$		
PATHOLOGY	6 , 525	23,935	344,996.76	14.41	.129	52.87	1.85
XO AND OTHERS	43	138	1,145.64	8.30	.001	26.64	.01
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	21,949	40,983 \$	346,142.40 344,996.76 1,145.64 4,101,410.96 103,828.57 44,685.13 8,834.42	\$ 100.08	.220 \$	186.86	\$ 22.04
CLINIC	1,203	3,566	103,828.57	29.12	.019	86.31	.56
SURGICENTER	185	496	44,685.13	90.09	.003	241.54	.24
HEROIN DETOX CLINIC	53	727	8,834.42	12.15	.004	166.69	.05
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	20,613	36.194	3,944,062.84	108.97	.195	191.34	21.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITIBES	MONTH-OF-PAYMENT R	EPORT FOR TAN	2004 THRII DE	C 2004	PAGE 15,380
"							1102 10,000

SONOMA COUNTI	SOUTHWILL OF SELV	VICES FOR CASH GRANT	IOIAL				
					MON	THLY AVERA	.GE
186,061 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	16,011	515 , 392 \$	3,862,907.71	\$ 7.50	2.770 \$	241.27	\$ 20.76
DURABLE MED. EQUIP.	1,491	5,600	941,890.92	168.19	.030	631.72	5.06
BLOOD BANK	17	23	3,480.75	151.34	.000	204.75	.02
HEARING AID DISPENSERS	139	220	36 , 021.79	163.74	.001	259.15	.19
MEDICAL TRANSPORTATION	2,438	121,458	614,234.06	5.06	.653	251.94	3.30
AMBULANCES/AIR TRANS	1,575	12,476	242,711.67	19.45	.067	154.10	1.30
OTHER TRANS	757	108,751	343,418.55	3.16	.584	453.66	1.85
OTHER SERVICES	137	231	28,103.84	121.66	.001	205.14	.15
ACUPUNCTURE	190	508	8,691.80	17.11	.003	45.75	.05
ADULT DAY HEALTH CARE CTR	182	2,111	146,525.85	69.41	.011	805.09	.79
GENETIC DISEASE TESTING	53	53	5,493.00	103.64	.000	103.64	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	1,156	14,765	684,757.85	46.38	.079	592.35	3.68
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,843	6,480	70,956.08	10.95	.035	24.96	.38
PHYSICAL THERAPIST	81	387	5,236.35	13.53	.002	64.65	.03
PORTABLE X-RAY	58	110	1,435.75	13.05	.001	24.75	.01
PROSTHETIST/ORTHOTISTS	221	878	136,997.80	156.03	.005	619.90	.74
PROSTHETICS	221	878	136,997.80	156.03	.005	619.90	.74
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	192	627	17,255.49	27.52	.003	89.87	.09
SPEECH AND AUDIOLOGY	1,061	3,263	160,458.62	49.18	.018	151.23	.86
HOSPICE SERVICES	90	2,717	389,818.88	143.47	.015	4331.32	2.10
NONINST BIRTHING CENTERS	7	7	6,276.72	896.67	.000	896.67	.03
LOCAL EDUCATION AGENCIES	2,862	40,717	364,743.03	8.96	.219	127.44	1.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	4,411	315,468	268,632.97	.85	1.696	60.90	1.44
@CALIF. CHILDREN SERVICES*	2,020	110,004	\$ 3,492,752.84	\$ 31.75	.591	\$ 1729.09 \$	18.77
@XOVER EXCLUDING STATE HOSP**	15 , 827	154 , 726	\$ 2,666,367.59	\$ 17.23	.832	\$ 168.47 \$	14.33

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,381 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SER	VICES FOR 185% PROGR	AM - INFANTS	AID CODES 47	69		
					MON	THLY AVERAC	GE
11,753 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,899	22,366 \$	2,009,999.06	\$ 89.87	1.903 \$		
@PHYSICIANS SERVICES	1,772	3,603 \$	198,297.78	\$ 55.04	.307 \$		
OUTPATIENT VISITS	1,496	2,008	65,674.90	32.71	.171	43.90	5.59
OFFICE VISITS	855	1,181	31,737.49	26.87	.100	37.12	2.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	557	645	28,043.58	43.48	.055	50.35	2.39
PREVENTIVE CARE	107	108	3,762.58	34.84	.009	35.16	.32
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	61	74	2,131.25	28.80	.006	34.94	.18
INPATIENT VISITS	109	640	69,677.90	108.87	.054	639.25	5.93
HOSPITAL VISITS	97	304	16,163.40	53.17	.026	166.63	1.38
CRITICAL CARE	25	336	53 , 514.50	159.27	.029	2140.58	4.55
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	17	983.32	57.84	.001	89.39	.08
EXAMINATIONS	11	17	983.32	57.84	.001	89.39	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	263	32,207.33	122.46	.022	1038.95	2.74
PRINCIPAL SURGEON	26	52	24,617.39	473.41	.004	946.82	2.09
ASSISTANT SURGEON	1	1	451.45	451.45	.000	451.45	.04
ANESTHESIOLOGIST	13	210	7,138.49	33.99	.018	549.11	.61
OUTPATIENT SURGERY	58	125	7,063.00	56.50	.011	121.78	.60
PRINCIPAL SURGEON	46	50	4,775.24	95.50	.004	103.81	.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	75	2,287.76	30.50	.006	163.41	.19
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4 9	79	763.44	9.66	.007	15.58	.06
RADIOLOGY	218	294	6,555.51	22.30	.025	30.07	.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	25	47	8,494.61	180.74	.004	339.78	.72
OTHER SERVICES/ALL X-OVERS	108	130	6,877.77	52.91	.011	63.68	.59
@PHARMACY	1,946	3,343 \$	68,646.61	\$ 20.53	.284 \$		
PRESCRIPTION DRUGS	1,940	3,296	67,982.82	20.63	.280	35.04	5.78
SNF/ICF	1,940 2	2	36.78	18.39	.000	18.39	.00
	1,938			20.63	.280	35.06	5.78
OUTPATIENTS	1,938	3,294	67,946.04	14.12			
MEDICAL SUPPLIES	5 5	47	663.79		.004	21.41	.06
@DENTIST		9 \$	400.00	\$ 44.44	.001 \$		
VISITS - DIAGNOSTIC	3	6	145.00	24.17	.001	48.33	.01
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.000	55.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	200.00	100.00	.000	100.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 15,382
MOP024	FEE-FOR-SERVICE						03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGR	RAM - INFANTS	AID CODES 47			
11 752 77 777 77					MON		
11,753 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	COST PER
@OPTOMETRIST	0	OR DAYS OF CARE 0 \$.00	\$.00	.000 \$		ELIGIBLE \$.00
DIAGNOSTIC AND ANC. PROCED	0	0 9	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	33 \$	2,216.19	\$ 67.16	.003 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	11	16 \$	709.35	\$ 44.33	.001 \$	64.49	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	1	2 \$	86.62	\$ 43.31	.000 \$	86.62	\$.01
@TOTAL HOSPITAL	1,405	4,046 \$	1,228,014.50	\$ 303.51	.344 \$	874.03	\$ 104.49
HOSP INPATIENT TOTAL	63	648	1,128,031.23	1740.79	.055	17905.26	95.98
HSC HOSPITALS	18	342	583,314.00	1705.60	.029	32406.33	49.63
NON-HSC HOSPITAL TOTAL	46	306	544,717.23	1780.12	.026	11841.68	46.35
ACCOMMODATIONS	46	306	352,879.35	1153.20	.026	7671.29	30.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	46	306	352 , 879.35	1153.20	.026	7671.29	30.02
ANCILLARIES	46	0	191,837.88	.00	.000	4170.39	16.32
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 1,358	0	.00	.00	.000	.00	.00
		3,398	99,983.27	29.42	.289	73.63	8.51
MEDICAL	585 60	811 72	27,893.62	34.39	.069	47.68	2.37
SURGERY		621	2,446.07	33.97 10.52	.006	40.77 31.40	.56
PATHOLOGY RADIOLOGY	208 209	237	6,531.17 13,622.45	57.48	.053 .020	65.18	1.16
ROOM USE	991	1,185	41,930.33	35.38	.101	42.31	3.57
CROSSOVERS/ALL OTH OUTPTNT		472	7,559.63	16.02	.040	21.42	.64
@COUNTY HOSPITAL TOTAL	5	17 \$	457.12	\$ 26.89	.001 \$		
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ō	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	17		457.12		26.89	.001	91	.42		.04
MEDICAL	3	3		153.55		51.18	.000	51	.18		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	7		72.99		10.43	.001		.99		.01
RADIOLOGY	_ 1	1		27.01		27.01	.000		.01		.00
ROOM USE	4	4		145.03		36.26	.000		.26		.01
CROSSOVERS/ALL OTH OUTPTNT	2	2		58.54		29.27	.000		.27		.00
		ES AND EXPENDITURE	TS MONT		FPORT :					DΣ	GE 15,383
MOP024	FEE-FOR-SERVICE		10111	II OF TATMENT IX	DIONI .	FOR OAN 2	LOOT THICH	EC 2004		L	03/14/05
SONOMA COUNTY	,	ICES FOR 185% PRO	CRAM -	TNFANTS	ATD (CODES 47	69				03/11/03
SONOMA COUNTI	DOMMANT OF BEINV.	ICES FOR 103% FRO	OIMI	INTANIO	AID (CODES 47	MC	итнт.у д	VERAG	F -	
11,753 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ZVFP:	ACF COST	UNITS/DAYS				OST PER
11,755 ELIGIBLES	OSERS	OR DAYS OF CARE		EVERNOTIONES			PER ELIG	USE			LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,400		\$	1,227,557.38		304.68	.343		.83		104.45
COMM HOSP INPATIENT TOTAL	63	648	Y	1,128,031.23		740.79	.055	17905		Y	95.98
	18	242						32406			
HSC HOSPITALS	18	342		583,314.00		705.60	.029				49.63
NON-HSC HOSPITALS TOTAL	46	306 306		544,717.23		780.12	.026	11841			46.35
ACCOMMODATIONS	46	306		352,879.35	1.	153.20	.026	7671			30.02
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	342 306 306 0 0 306 0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	46	306		352 , 879.35	1:	153.20	.026	7671			30.02
ANCILLARIES	46	0		191,837.88		.00	.000	4170			16.32
INPATIENT CROSSOVERS	•	ũ .		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,353	3,381		99,526.15		29.44	.288		.56		8.47
MEDICAL	582	808		27,740.07		34.33	.069		.66		2.36
SURGERY	60	72		2,446.07		33.97	.006	40	.77		.21
PATHOLOGY	207	614		6,458.18		10.52	.052	31	.20		.55
RADIOLOGY	208	236		13,595.44		57.61	.020	65	.36		1.16
ROOM USE	987	1,181		41,785.30		35.38	.100	42	.34		3.56
CROSSOVERS/ALL OTH OUTPINT	351	470		7,501.09		15.96	.040	21	.37		.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		Ś	.00	\$.00	.000		.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	Т.	.00	.000	•	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	•	\$.00	Ś	.00	.000		.00	ċ	.00
ICF DDH	0	0	Ş	.00	Ş		.000		.00	Þ	
	0	0				.00					.00
ICF DD	•			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	•		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	7		\$	1,855.99	\$	18.38	.009		.14	\$.16
HOSPITAL BASED	1	4		378.23		94.56	.000	378			.03
INDEPENDENT FACILITY	6	97		1,477.76		15.23	.008	246			.13
@LABORATORY FACILITY	152	267	\$	2,733.46	\$	10.24	.023			\$.23
PATHOLOGY	152	267		2,733.46		10.24	.023		.98		.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	3,073	4,566 \$	480,166.91	\$	105.16	.388 \$	156.25	\$	40.85
CLINIC	. 81	167	3,398.28		20.35	.014	41.95		.29
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2,994	4,399	476,768.63			.374	159.24		40.57
	Z, 994		4/0,/00.03		100.30			D.7.	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT	KEPOK.	T FOR JAN 2	2004 THRU DE	IC 2004	PAC	GE 15,384
MOP024	FEE-FOR-SERVICE								03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGR	AM - INFANTS	AI	D CODES 47				
						MON	ITHLY AVERA	.GE	
11,753 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	84	6 , 380 \$	26,871.65	\$	4.21	.543 \$	319.90	Ś	2.29
DIRABLE MED ECHTP	29	29	3,127.08		107.83	.002	107.83	'	.27
BIOOD BANK	5	3,080	9,240.00		3.00	.262	1848.00		.79
DEADING AID DISDENSEDS	1	1	2,676.65		2676.65	.000	2676.65		.23
MEDICAL MDANCDODMAMION	7.2		•				303.53		.85
MEDICAL TRANSPORTATION	33	3,239	10,016.34		3.09	.276			
AMBULANCES/AIR TRANS	2 /	440	4,627.88		10.52		171.40		.39
OTHER TRANS	27 6 0	2,799	5,388.46		1.93	.238	898.08		.46
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	0	0	.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		
PORTABLE X-RAY	U								.00
PROSTHETIST/ORTHOTISTS	Ü	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	16	30	1,800.68		60.02	.003	112.54		.15
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
	0	0	.00			.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00				
ALL OTHER PROVIDERS	1 - 0	1	10.90		10.90	.000	10.90	_	.00
@CALIF. CHILDREN SERVICES*	153	6,471 \$	1,009,204.26		155.96	.551 \$			85.87
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AF	PROPRIATE DETAIL LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPOR'	T FOR JAN 2	2004 THRU DE	C 2004	PAC	GE 15,385
MOP024	FEE-FOR-SERVICE								03/14/05
SONOMA COUNTY		ICES FOR 185% PROGR	AM - PRECNANT	ATD C	ODES 44 48	1 Q			03/11/03
SONOPIA COUNTI	SOMMANT OF SERV	TCES FOR TOUS TROOM	API INEGNANI I	AID C	ODED 11 10		ממזות אווחו	CE	
10 771 FITCIBLES	HCEDC	INTEC OF CEDITOR	EADENDIMIDEC	70.7.7	EDACE COCH	MON			
12,771 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS			OST PER
0-0		OR DAYS OF CARE	0 56. 0 = -		R UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	9,950	67,075 \$	8,564,844.76		127.69	5.252 \$			670.65
@PHYSICIANS SERVICES	4,119	12,902 \$	905,309.16		70.17	1.010 \$		\$	70.89
OUTPATIENT VISITS	962	1 , 779	88,198.21		49.58	.139	91.68		6.91
OFFICE VISITS	213	255	9,328.52		36.58	.020	43.80		.73
HOME VISITS	1	1	56.30		56.30	.000	56.30		.00
EMERGENCY ROOM	341	391	22,492.82		57.53	.031	65.96		1.76
	-		,						- · · ·

PREVENTIVE CARE	4	5	184.09	36.82	.00	0	46.02	.01
OB VISITS/COMPRE PERI	435	1,123	55,995.76	49.86	.08	8	128.73	4.38
OTHER OUTPATIENT	4	4	140.72	35.18	.00	0	35.18	.01
INPATIENT VISITS	893	1,995	120,088.72	60.19	.15	6	134.48	9.40
HOSPITAL VISITS	878	1,630	73,606.63	45.16	.12	8	83.83	5.76
CRITICAL CARE	59	365	46,482.09	127.35	.02	9	787.83	3.64
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.00	0	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.00	0	.00	.00
EXAMINATIONS	0	0	.00	.00	.00	0	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.00	0	.00	.00
INPATIENT HOSPITAL SURGERY	1,150	5,092	552 , 612.76	108.53	.39	9	480.53	43.27
PRINCIPAL SURGEON	771	804	451,516.59	561.59	.06	3	585.62	35.35
ASSISTANT SURGEON	116	114	20,448.78	179.38	.00	9	176.28	1.60
ANESTHESIOLOGIST	440	4,174	80,647.39	19.32	.32	7	183.29	6.31
OUTPATIENT SURGERY	194	463	22,099.95	47.73	.03	6	113.92	1.73
PRINCIPAL SURGEON	162	261	17,412.05	66.71	.02	0	107.48	1.36
ASSISTANT SURGEON	1	1	58.53	58.53	.00	0	58.53	.00
ANESTHESIOLOGIST	40	201	4,629.37	23.03	.01	6	115.73	.36
DIALYSIS	0	0	.00	.00	.00	0	.00	.00
PATHOLOGY	415	633	14,874.43	23.50	.05	0	35.84	1.16
RADIOLOGY	1,663	2 , 177	66,829.83	30.70	.17	0	40.19	5.23
PSYCHIATRY	0	0	.00	.00	.00	0	.00	.00
IMMUNIZATION AND INJECTION	14	15	917.82	61.19	.00	1	65.56	.07
OTHER SERVICES/ALL X-OVERS	497	748	39 , 687.44	53.06	.05		79.85	3.11
@PHARMACY	2 , 397	5,421	\$ 156 , 339.82	\$ 28.84		4 \$		\$ 12.24
PRESCRIPTION DRUGS	2,289	4,366	105,087.44	24.07	.34		45.91	8.23
SNF/ICF	0	0	.00	.00	.00		.00	.00
OUTPATIENTS	2,289	4,366	105,087.44	24.07	.34	2	45.91	8.23
MEDICAL SUPPLIES	306	1,055	51,252.38	48.58	.08	3	167.49	4.01
@DENTIST	74	138	\$ 1,208.25	\$ 8.76	.01	1 \$	16.33	\$.09
VISITS - DIAGNOSTIC	56	98	721.25	7.36	.00		12.88	.06
ORAL SURGERY	6	6	.00	.00	.00	0	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	4	4		103.00		25.75	.000		25.75		.01
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	5	13		384.00		29.54	.001		76.80		.03
PROSTHETICS	0	-0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	16	16				.00					
			IIDEC MOI	.00			.001	\E-0	.00	Ъ	.00
#CALIF DEPT OF HEALTH SERV			URES MOI	NTH-OF-PAYMENT R	EPORT	FOR JAN .	2004 THRU I	ノむし	2004	Ρ.	AGE 15,386
MOP024	FEE-FOR-SERVICE	*	DD 0 0 D 3 1 1		TD 00	550 44 40	4.0				03/14/05
SONOMA COUNTY	SUMMARY OF SER	VICES FOR 185%	PROGRAM	- PREGNANT A	TD CO	DES 44 48				~-	
							MO				
12,771 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAYS	3			COST PER
		OR DAYS OF CA					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	386	558	Ś	29,336.94	\$	52.58	.044	Ś	76.00	Ś	2.30
NURSE ANESTHESIST	0	0	Š	.00	Ś	.00		\$.00		.00
NURSE MIDWIFE	740	7,108	¢	189,229.80	\$	26.62	.557		255.72		14.82
PEDIATRIC NURSE PRACTITIONER		7,100	¢	.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0	ć	.00	\$.00	.000		.00		.00
	3,880	20,374	ې د	5,909,458.26					1523.06		462.72
@TOTAL HOSPITAL	3,000		ې					Ą		Ą	
HOSP INPATIENT TOTAL	1,052	4,200		5,486,963.69		1306.42	.329		5215.74		429.64
HSC HOSPITALS	33	209		354,131.22		1694.41	.016		10731.25		27.73
NON-HSC HOSPITAL TOTAL	1,020	3,991		5,131,116.47		1285.67	.313		5030.51		401.78
ACCOMMODATIONS	1,020	3,991		2,294,730.16		574.98	.313		2249.74		179.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,020	3,991		2,294,730.16		574.98	.313		2249.74		179.68
ANCILLARIES	1,019	0		2,836,386.31		.00	.000		2783.50		222.10
INPATIENT CROSSOVERS	2	0		1,716.00		.00	.000		858.00		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,305	16,174		422,494.57		26.12	1.266		127.83		33.08
MEDICAL	289	384		16,167.28		42.10	.030		55.94		1.27
SURGERY	462	723		20,160.47		27.88	.057		43.64		1.58
PATHOLOGY	1,639	5 , 521		65,593.77		11.88	.432		40.02		5.14
RADIOLOGY	1,278	1,457		93,879.45		64.43	.114		73.46		7.35
ROOM USE	1,301	2,316		82,258.48		35.52	.181		63.23		6.44
CROSSOVERS/ALL OTH OUTPTNT	•	5,773		144,435.12		25.02	.452		109.84		11.31
@COUNTY HOSPITAL TOTAL	9	84	\$	6,384.00	\$	76.00	.007	\$	709.33	\$.50
CO HOSPITAL INPATIENT TOTAL		2		2,260.02		1130.01	.000		2260.02	,	.18
HSC HOSPITALS	1	2		2,260.02		1130.01	.000		2260.02		.18
	±	2		2,200.02			• • • • •				• = 0

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	82	4,123.98	50.29	.006	458.22	.32
MEDICAL	0	0	.00	.00	.000	.00	.00
	O	12	271.70				
SURGERY	5	25		22.64	.001	54.34	.02
PATHOLOGY	4		528.96	21.16	.002	132.24	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	6	17	1,071.67	63.04	.001	178.61	.08
CROSSOVERS/ALL OTH OUTPTNT		28	2,251.65	80.42	.002	281.46	.18
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 15,387
MOP024	FEE-FOR-SERVICE						03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAI	M - PREGNANT AI	D CODES 44 48			
					MON'		GE
12,771 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,871	20 , 290 \$	5,903,074.26	\$ 290.94	1.589 \$	1524.95	\$ 462.22
COMM HOSP INPATIENT TOTAL	1,051	4,198	5,484,703.67	1306.50	.329	5218.56	429.47
HSC HOSPITALS	32	207	351,871.20	1699.86	.016	10995.98	27.55
NON-HSC HOSPITALS TOTAL	1,020	3 , 991	5,131,116.47	1285.67	.313	5030.51	401.78
ACCOMMODATIONS	1,020	3,991	2,294,730.16	574.98	.313	2249.74	179.68
ADMINISTRATIVE DAYS	. 0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,020	3,991	2,294,730.16	574.98	.313	2249.74	179.68
ANCILLARIES	1,019	0	2,836,386.31	.00	.000	2783.50	222.10
INPATIENT CROSSOVERS	2	0	1,716.00	.00	.000	858.00	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL		16,092	418,370.59	26.00	1.260	126.93	32.76
MEDICAL	289	384	16,167.28	42.10	.030	55.94	1.27
SURGERY	457	711	19,888.77	27.97	.056	43.52	1.56
PATHOLOGY	1,635	5,496	65,064.81	11.84	.430	39.79	5.09
RADIOLOGY	1,278	1,457	93,879.45	64.43	.114	73.46	7.35
ROOM USE	1,275	2,299	81,186.81	35.31	.180	62.69	6.36
CROSSOVERS/ALL OTH OUTPTNT		5,745	142,183.47	24.75	.450	108.79	11.13
@STATE HOSPITAL	1,307	0 \$	•	\$.00	.430		
MENTALLY ILL	0	0 \$.00	.00	.000 \$.00	.00
	0	•					
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	U	30CR \$	2,762.30CR		.002CR\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	30CR	2,762.30CR	92.08	.002CR	.00	.22CR
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	0.0	•	0.0	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00 .00 76,947.80 76,868.00 79.80		0.0	.000		.00		.00
@LABORATORY FACILITY	2.203	5.343	Ś	76.947.80	Ś	14 40	.418			Ś	6.03
PATHOLOGY	2 198	5 336	т	76 868 00	т	14 41	.418		34.97		6.02
YO AND OTHERS	2 , 130	3 , 330		70,000.00		11 40					.01
ACCINETED OURDARTENE CLINIC	4 200	12,643	Ċ	79.80 1,195,130.40	Ċ	04 53	.990			Ċ	
GUNDANIZED OUTPATIENT CLINIC	4,200	12,043	Ą	1,193,130.40	Ą	94.33	.178	Ą			6.08
CLINIC	384	2,219		77,622.08		34.06	.1/8				
SURGICENTER	1	/		2/2.68		38.95 .00	.001		272.68		.02
HEROIN DETOX CLINIC	0	10 257		.00			.000		.00		.00
RURAL HEALTH CLINIC	3,823	2,279 7 0 10,357		1,11/,235.64			.811				87.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	KEPOR'.			DEC	2004	PA	GE 15,388
MOP024	FEE-FOR-SERVICE	E/DENTAL /ICES FOR 185% P									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR 185% P	ROGRAM	- PREGNANT A	AID CO	DDES 44 48					
							M				
12,771 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	С	OST PER
			E		PEI	R UNIT/DAY	PER ELIG	3	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	530	2,618	\$	104,646.63	\$	39.97	.205		197.45		8.19
DURABLE MED. EQUIP.	23	24		2,207.32		91.97	.002		95.97		.17
BLOOD BANK	0	0		.00		.00	.000		.00		.00
12,771 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0	24 0 0 1,156		2,207.32 .00 .00 20,602.58		.00	.000		.00 307.50		.00
MEDICAL TRANSPORTATION	67	1,156		20,602.58		17.82	.091		307.50		1.61
AMBULANCES/AIR TRANS	67	1 152		13 927 58		12 09	.090		207.87		1.09
OTHER TRANS	0	_,		-00		.00			.00		.00
OTHER SERVICES	4	4		6-675 00		1668 75	.000		1668.75		.52
ACIDINCTIRE	0	0		0,070.00		00	.000		.00		.00
ACTIONCIONE	0	0		.00		.00	.000		.00		.00
CENETIC DICENCE TECTING	376	376		30 456 00		104 04	000		104 04		3.09
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	570	0 4 0 0 376		39,456.00 .00 .00 .00 .00 1,611.40		104.94	.029		104.94		.00
THMC, MODEL-NE, NE, AIDS, MSSE	0	0		.00		.00	.000		.00		
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		
PHYSICAL THERAPIST	U	U		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00 89.52		.00
PROSTHETIST/ORTHOTISTS	18	18		1,611.40		89.52	.001				
PROSTHETICS	17	17		1,514.90					89.11		
ORTHOTICS	1	1		96.50		96.50 .00	.000		96.50		.01
PSYCHOLOGIST	0	0		.00			.000		.00		.00
SPEECH AND AUDIOLOGY	4	4		120.00		30.00	.000		30.00		.01
HOSPICE SERVICES	0	17 1 0 4 0 40 0 0 0 0 1,000 2,028		.00		.00 1005.80 .00	.000		.00		.00
NONINST BIRTHING CENTERS	40	40		40,232.08		1005.80	.003		1005.80		3.15
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00 417.25 246,172.68		.00	.000		.00		.00
ALL OTHER PROVIDERS	4	1,000		417.25		.42	.078		104.31		.03
@CALIF. CHILDREN SERVICES*	32	2,028	\$	246,172.68	\$	121.39	.159	\$	7692.90	\$	19.28
@XOVER EXCLUDING STATE HOSP**	4	. 3	\$	1,779.08	\$.000	\$	444.77	\$.14
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION	ITEM ON	ILY;							
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU		TH-OF-PAYMENT R	REPORT	r for Jan 2	004 THRII	DEC	2004	PΔ	GE 15,389
MOP024	FEE-FOR-SERVICE		1.20	.11. 01 1111111111111111	01(.	2 2010 02110 2		220	2001		03/14/05
SONOMA COUNTY		ICES FOR 60-DAY	POST F	ARTIM PROGRAM		AID CODE	76				55, 11, 05
SONOTIA COUNTI	DOLINGIA OF SER	TOES FOR UU DAI	1001 [TILL LINOGIVAN		YID CODE		ייוע∩ו	HLY AVERA	GE -	
145 ELIGIBLES	USERS	UNITS OF SERVIC	F.	EXPENDITURES	∆ 7.7 I	ERAGE COST				-	OST PER
TAO DITOIDID	025173	OP DAVE OF CAR		TALLIADITONES		ENAGE COST			COSI FER		TTCTDIE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	122	529	\$	60,954.25	\$	115.23	3.648	\$ 499.63	ċ	420.37
@PHYSICIANS SERVICES	50		۶ S	10,004.59	\$	57.50	1.200			69.00
	24	28	Y	-	ې	52.26		60.97	ې	10.09
OUTPATIENT VISITS	6	28 6		1,463.18			.193	30.41		
OFFICE VISITS				182.46		30.41	.041			1.26
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	12	13		868.77		66.83	.090	72.40		5.99
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	5	7		373.55		53.36	.048	74.71		2.58
OTHER OUTPATIENT	2	2		38.40		19.20	.014	19.20		.26
INPATIENT VISITS	3	11		522.23		47.48	.076	174.08		3.60
HOSPITAL VISITS	3	11		522.23		47.48	.076	174.08		3.60
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	79		5,579.02		70.62	.545	697.38		38.48
PRINCIPAL SURGEON	5	12		4,571.76		380.98	.083	914.35		31.53
ASSISTANT SURGEON	1	1		141.08		141.08	.007	141.08		.97
ANESTHESIOLOGIST	1	66		866.18		13.12	.455	216.55		5.97
	4	14		831.95						5.74
OUTPATIENT SURGERY	6					59.43	.097	138.66		
PRINCIPAL SURGEON	4	4		529.52		132.38	.028	132.38		3.65
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	10		302.43		30.24	.069	151.22		2.09
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	12	14		375.57		26.83	.097	31.30		2.59
RADIOLOGY	9	25		846.25		33.85	.172	94.03		5.84
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	3	3		386.39		128.80	.021	128.80		2.66
@PHARMACY	33	49	\$	1,867.15	\$	38.11	.338	\$ 56.58	\$	12.88
PRESCRIPTION DRUGS	32	48		1,844.16		38.42	.331	57.63		12.72
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	32	48		1,844.16		38.42	.331	57.63		12.72
MEDICAL SUPPLIES	1	1		22.99		22.99	.007	22.99		.16
@DENTIST	1		\$.00	\$.00	.014		Ś	.00
VISITS - DIAGNOSTIC	1	1	Υ	.00	Ψ	.00	.007	.00	۲	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		
PERIODONTICS	0	0				.00	.000			.00
ENDODONTICS	U	U		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.007	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MON'		EPOR				P/	AGE 15,390
MOP024	FEE-FOR-SERVICE/DE									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE		OST P	ARTUM PROGRAM		AID CODE	76			, , - 0
								NTHLY AVERA	GF: -	
145 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	<u>Δ</u> (71			COST PER		COST PER
140 E0101000		R DAYS OF CARE		TWITINDITONED		R UNIT/DAY		USER		ELIGIBLE
	O	I DAID OF CARE			ELLI	. ONII/DAI	סותה אהי	NEIN	1	מתמדטיהי

@OPTOMETRIST	1	1	\$ 39.44	\$ 39.44	.007	\$ 39.44	\$.27
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.007	39.44	.27
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	9	\$ 629.01	\$ 69.89	.062	\$ 314.51	\$ 4.34
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	8	\$ 92.96	\$ 11.62	.055	\$ 30.99	\$.64
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	42	160	\$ 41,916.84	\$ 261.98	1.103	\$ 998.02	\$ 289.08
HOSP INPATIENT TOTAL	4	12	38,185.82	3182.15	.083	9546.46	263.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	12	38,185.82	3182.15	.083	9546.46	263.35
ACCOMMODATIONS	4	12	6,806.36	567.20	.083	1701.59	46.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	6,806.36	567.20	.083	1701.59	46.94
ANCILLARIES	4	0	31,379.46	.00	.000	7844.87	216.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	38	148	3,731.02	25.21	1.021	98.18	25.73
MEDICAL	3	3	79.93	26.64	.021	26.64	.55
SURGERY	3	4	151.23	37.81	.028	50.41	1.04
PATHOLOGY	17	57	691.78	12.14	.393	40.69	4.77

RADIOLOGY	8	11	672.75	61.16	.076	84.09	4.64
ROOM USE	25	32	1,348.71	42.15	.221	53.95	9.30
CROSSOVERS/ALL OTH OUTPINT	14	41	786.62	19.19	.283	56.19	5.42
@COUNTY HOSPITAL TOTAL	1	11 \$	328.92	\$ 29.90	.076 \$	328.92	\$ 2.27
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	11	328.92	29.90	.076	328.92	2.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.014	61.20	.42
PATHOLOGY	1	4	22.90	5.73	.028	22.90	.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	225.82	75.27	.021	225.82	1.56
CROSSOVERS/ALL OTH OUTPINT	1	2	19.00	9.50	.014	19.00	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT REI	PORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 15,391
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	60-DAY PO	OST PARTUM PROGRAM	AID CODE	76		
					MONT	THLY AVERA	GE

					MON	THLY AVERA	GE
145 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	149 \$	41,587.92	\$ 279.11	1.028 \$	1014.34	\$ 286.81
COMM HOSP INPATIENT TOTAL	4	12	38,185.82	3182.15	.083	9546.46	263.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	12	38,185.82	3182.15	.083	9546.46	263.35
ACCOMMODATIONS	4	12	6,806.36	567.20	.083	1701.59	46.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	12	6,806.36	567.20	.083	1701.59	46.94
ANCILLARIES	4	0	31,379.46	.00	.000	7844.87	216.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	137	3,402.10	24.83	.945	91.95	23.46
MEDICAL	3	3	79.93	26.64	.021	26.64	.55
SURGERY	2	2	90.03	45.02	.014	45.02	.62
PATHOLOGY	16	53	668.88	12.62	.366	41.81	4.61
RADIOLOGY	8	11	672.75	61.16	.076	84.09	4.64
ROOM USE	24	29	1,122.89	38.72	.200	46.79	7.74
CROSSOVERS/ALL OTH OUTPINT	13	39	767.62	19.68	.269	59.05	5.29
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00	1	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	1	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	1	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	1	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	1	.00	.000		.00		.00
@LABORATORY FACILITY	12	22	\$	425.80	\$	19.35	.152	\$	35.48	\$	2.94
PATHOLOGY	12	22		425.80	1	19.35	.152		35.48		2.94
XO AND OTHERS	0	0		.00	1	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	55	\$	2,938.95	\$	53.44	.379	\$	154.68	\$	20.27
CLINIC	7	40		1,254.02		31.35	.276		179.15		8.65
SURGICENTER	0	0		.00	1	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	1	.00	.000		.00		.00
RURAL HEALTH CLINIC	12	15		1,684.93	}	112.33	.103		140.41		11.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT	REPORT	r for jan	2004 THRU	DEC	2004	P?	AGE 15,392
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	R 60-DAY	POST	PARTUM PROGRAM		AID CODE	E 76				
							M	IONT	HLY AVERA	.GE -	

					MOI	NTHLY AVERA	GE
145 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	49 \$	3,039.51	\$ 62.03	.338	\$ 759.88	\$ 20.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	47	2,751.58	58.54	.324	1375.79	18.98
AMBULANCES/AIR TRANS	2	46	951.58	20.69	.317	475.79	6.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.007	1800.00	12.41
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.007	105.00	.72
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	182.93	182.93	.007	182.93	1.26
PROSTHETICS	1	1	182.93	182.93	.007	182.93	1.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,393 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SONOMA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					MOI	NTHLY AVERA	GE
24,669 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15 , 971	89 , 970 \$	10,635,798.07	\$ 118.21	3.647	•	
@PHYSICIANS SERVICES	5 , 941	16 , 679 \$	1,113,611.53	\$ 66.77	.676		
OUTPATIENT VISITS	2,482	3,815	155,336.29	40.72	.155	62.59	6.30
OFFICE VISITS	1,074	1,442	41,248.47	28.61	.058	38.41	1.67
HOME VISITS	1	1	56.30	56.30	.000	56.30	.00
EMERGENCY ROOM	910	1,049	51,405.17	49.00	.043	56.49	2.08
PREVENTIVE CARE	111	113	3 , 946.67	34.93	.005	35.56	.16
OB VISITS/COMPRE PERI	440	1,130	56 , 369.31	49.88	.046	128.11	2.29
OTHER OUTPATIENT	67	80	2,310.37	28.88	.003	34.48	.09
INPATIENT VISITS	1,005	2,646	190,288.85	71.92	.107	189.34	7.71
HOSPITAL VISITS	978	1,945	90,292.26	46.42	.079	92.32	3.66
CRITICAL CARE	84	701	99 , 996.59	142.65	.028	1190.44	4.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	17	983.32	57.84	.001	89.39	.04
EXAMINATIONS	11	17	983.32	57.84	.001	89.39	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,189	5,434	590,399.11	108.65	.220	496.55	23.93
PRINCIPAL SURGEON	802	868	480,705.74	553.81	.035	599.38	19.49
ASSISTANT SURGEON	118	116	21,041.31	181.39	.005	178.32	.85
ANESTHESIOLOGIST	457	4,450	88,652.06	19.92	.180	193.99	3.59
OUTPATIENT SURGERY	258	602	29,994.90	49.83	.024	116.26	1.22
PRINCIPAL SURGEON	212	315	22,716.81	72.12	.013	107.15	.92
ASSISTANT SURGEON	1	1	58.53	58.53	.000	58.53	.00
ANESTHESIOLOGIST	56	286	7,219.56	25.24	.012	128.92	.29
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	476	726	16,013.44	22.06	.029	33.64	.65
RADIOLOGY	1,890	2,496	74,231.59	29.74	.101	39.28	3.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	39	62	9,412.43	151.81	.003	241.34	.38
OTHER SERVICES/ALL X-OVERS	608	881	46,951.60	53.29	.036	77.22	1.90
@PHARMACY	4,376	8,813 \$	226,853.58	\$ 25.74	.357		
PRESCRIPTION DRUGS	4,261	7,710	174,914.42	22.69	.313	41.05	7.09
SNF/ICF	2	2	36.78	18.39	.000	18.39	.00
OUTPATIENTS	4,259	7,708	174,877.64	22.69	.312	41.06	7.09
MEDICAL SUPPLIES	338	1,103	51,939.16	47.09	.045	153.67	2.11
@DENTIST	80	149 \$	1,608.25	\$ 10.79	.006		
VISITS - DIAGNOSTIC	60	105	866.25	8.25	.004	14.44	.04
ORAL SURGERY	6	6	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	103.00	25.75	.000	25.75	.00
ENDODONTICS	Û	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	15	439.00	29.27	.001	62.71	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	200.00	100.00	.000	100.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	16	.00	.00	.001	.00	.00
WIT OIUEK SEKAICES	Tρ	TΩ	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,394 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SONOMA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

							M	ONT	HLY AVERA	GE.	
24,669 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	39.44	\$	39.44	.000	\$	39.44	\$.00
DIAGNOSTIC AND ANC. PROCED	1	1		39.44		39.44	.000		39.44		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
	0	0	Ą	.00	Ą	.00	.000	۲	.00	ې	.00
VISITS	0	0									
OTHER SERVICES	U		_	.00	_	.00	.000	_	.00	_	.00
@PODIATRIST	0	0	\$		\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY NURSE ANESTHESIST	398	600	\$	32,182.14	\$	53.64	.024	\$	80.86	\$	1.30
NURSE ANESTHESIST	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	754	7,132	\$	190.032 11	Ś	26 64	.289	Ś	252.03		7.70
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	00	Ś	00	.000	Š	.00		.00
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	1	2	Ċ	86.62 7,179,389.60 6,653,180.74 937,445.22	Ċ	12 21	.000		86.62		.00
@TOTAL HOSPITAL	E 227	24,580	ċ	7 170 200 60	ç	202.01	.000		1347.74	۲	291.03
GIOIAL MOSFILAL	1 110	4,860	Ą	((52 100 74	Ą	1260 07	107			ې	269.70
HOSP INPATIENT TOTAL	1,119	•		0,053,180.74		1308.97	.197		5945.65		
	51 1 , 070	551		937,445.22		1/01.35	.022		18381.28		38.00
NON-HSC HOSPITAL TOTAL	1,070	4,309		5,714,019.52		1326.07	.1/5		5340.21		231.63
ACCOMMODATIONS	1,070	4,309		2,654,415.87		616.02	.175		2480.76		107.60
ADMINISTRATIVE DAYS	1,070 0 0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0 1,070 1,069 2 0	4,309		.00 190,032.11 .00 86.62 7,179,389.60 6,653,180.74 937,445.22 5,714,019.52 2,654,415.87 .00 .00 2,654,415.87 3,059,603.65 1,716.00 .00 526,208.86 44.140.83		616.02	.175		18381.28 5340.21 2480.76 .00 2480.76 2862.12 858.00 .01		107.60
ANCILLARIES	1,069	0		3,059,603.65		.00	.000		2862.12		124.03
INPATIENT CROSSOVERS	2	0		1,716.00		.00	.000		858.00		.07
ALL OTHER INPATIENT	0	0 0 19 , 720		.00		.00	.000		.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	4,701	19,720		526,208.86		26.68	.799		111.94 50.33 43.35 39.06 72.36		21.33
MEDICAL	877	1,198		44,140.83		36.85	.049		50.33		1.79
SURGERY	525	799		22,757.77		28.48	.032		43 35		.92
PATHOLOGY	1 864			72 816 72		11.75	.251		39 06		2.95
RADIOLOGY	1 /05	6,199 1,705		72,816.72 108,174.65		63.45	.069		72.36		4.39
ROOM USE	2 217	2,703				35.53	.143		54.18		5.09
CROSSOVERS/ALL OTH OUTPINT	1,864 1,495 2,317 1,682	3,533 6,286		125,537.52 152,781.37		24.31	.255		90.83		6.19
CROSSOVERS/ALL OIR OUIFINI	1,002	110	ċ	7,170.04	\$			ċ	478.00	ċ	.29
@COUNTY HOSPITAL TOTAL	15 1	112 2 2 0 0	Ą	7,170.04	Ş	1120 01	.005	Ą	2260.02	Ą	.09
CO HOSPITAL INPATIENT TOTAL	1	2		2,260.02		1130.01 1130.01	.000		2260.02		
HSC HOSPITALS	Ţ	2		2,260.02							.09
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ō	0		.00		.00	.000		0.0		.00
CO HOSP OUTPATIENT TOTAL	1 0 0 0 0 0 0 0 0	110		4,910.02		44.64	.004		327.33 51.18		.20
MEDICAL	3	3		153.55		51.18	.000		51.18		.01
SURGERY	6	14		332.90		23.78	.001		55.48		.01
PATHOLOGY	6	36		624.85		17.36	.001		104.14		.03
TUTIONOGI	0	50		024.00		11.50	.001		TO4.T4		.00

RADIOLOGY	1	1	27.01	27.01	.000	27.01	.00
ROOM USE	11	24	1,442.52	60.11	.001	131.14	.06
CROSSOVERS/ALL OTH OUTPTNT	11	32	2,329.19	72.79	.001	211.74	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 15,395
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 6	50-DAY PP TOTAL, CODES 44	4 47 48 49 69	76		

						MON	THLY AVERA	GΕ	
24,669 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 , 312	24,468	\$	7,172,219.56	\$ 293.13	.992 \$	1350.19	\$	290.74
COMM HOSP INPATIENT TOTAL	1,118	4,858		6,650,920.72	1369.07	.197	5948.95		269.61
HSC HOSPITALS	50	549		935,185.20	1703.43	.022	18703.70		37.91
NON-HSC HOSPITALS TOTAL	1,070	4,309		5,714,019.52	1326.07	.175	5340.21		231.63
ACCOMMODATIONS	1,070	4,309		2,654,415.87	616.02	.175	2480.76		107.60
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1,070	4,309		2,654,415.87	616.02	.175	2480.76		107.60
ANCILLARIES	1,069	0		3,059,603.65	.00	.000	2862.12		124.03
INPATIENT CROSSOVERS	2	0		1,716.00	.00	.000	858.00		.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,686	19,610		521,298.84	26.58	.795	111.25		21.13
MEDICAL	874	1 , 195		43,987.28	36.81	.048	50.33		1.78
SURGERY	519	785		22,424.87	28.57	.032	43.21		.91
PATHOLOGY	1,858	6 , 163		72 , 191.87	11.71	.250	38.85		2.93
RADIOLOGY	1,494	1,704		108,147.64	63.47	.069	72.39		4.38
ROOM USE	2,306	3,509		124,095.00	35.36	.142	53.81		5.03
CROSSOVERS/ALL OTH OUTPINT	1,671	6 , 254		150,452.18	24.06	.254	90.04		6.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	30CR	\$	2,762.30CR	\$ 92.08	.001CR\$.00	\$.11CR
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	30CR		2,762.30C	R	92.08	.0010	:R	.00		.11CR
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	7	101	\$	1,855.99	\$	18.38	.004	\$	265.14	\$.08
HOSPITAL BASED	1	4		378.23		94.56	.000		378.23		.02
INDEPENDENT FACILITY	6	97		1,477.76		15.23	.004		246.29		.06
@LABORATORY FACILITY	2,367	5 , 632	\$	80 , 107.06	\$	14.22	.228	\$	33.84	\$	3.25
PATHOLOGY	2,362	5 , 625		80 , 027.26		14.23	.228		33.88		3.24
XO AND OTHERS	7	7		79.80		11.40	.000		11.40		.00
@ORGANIZED OUTPATIENT CLINIC	7 , 292	17,264	\$	1,678,236.26	\$	97.21	.700	\$	230.15	\$	68.03
CLINIC	472	2,486		82 , 274.38		33.10	.101		174.31		3.34
SURGICENTER	1	7		272.68		38.95	.000		272.68		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6 , 829	14,771		1,595,689.20		108.03	.599		233.66		64.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES :	MONTH-OF-PAYMENT RI	EPORI	FOR JAN	2004 THRU	DEC	2004	PF	AGE 15,396
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

DONOMA COONTI	DOMMANT OF DEIN	VICES FOR 1008 AND 00	DAI II IOIAI, COI	.ד טד וד דד טמכ	00 10		
					MON	ITHLY AVERA	GE
24,669 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	618	9 , 047 \$	134,557.79	\$ 14.87	.367	217.73	\$ 5.45
DURABLE MED. EQUIP.	52	53	5,334.40	100.65	.002	102.58	.22
BLOOD BANK	5	3,080	9,240.00	3.00	.125	1848.00	.37
HEARING AID DISPENSERS	1	1	2,676.65	2676.65	.000	2676.65	.11
MEDICAL TRANSPORTATION	102	4,442	33,370.50	7.51	.180	327.16	1.35
AMBULANCES/AIR TRANS	96	1,638	19,507.04	11.91	.066	203.20	.79
OTHER TRANS	6	2 , 799	5,388.46	1.93	.113	898.08	.22
OTHER SERVICES	5	5	8,475.00	1695.00	.000	1695.00	.34
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	377	377	39,561.00	104.94	.015	104.94	1.60
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	19	1,794.33	94.44	.001	94.44	.07
PROSTHETICS	18	18	1,697.83	94.32	.001	94.32	.07
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	34	1,920.68	56.49	.001	96.03	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	40	40	40,232.08	1005.80	.002	1005.80	1.63
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	5	1,001	428.15	.43	.041	85.63	.02
@CALIF. CHILDREN SERVICES*	185	8,499	\$ 1,255,376.94	\$ 147.71	.345	\$ 6785.82	\$ 50.89
@XOVER EXCLUDING STATE HOSP**	4	3	\$ 1,779.08	\$ 593.03	.000	\$ 444.77	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,397 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----1,931 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,616 26,827 \$ 865,937.13 \$ 32.28 13.893 \$ 535.85 \$ 448.44 @PHYSICIANS SERVICES 286 643 Ś 9,733.60 \$ 15.14 .333 \$ 34.03 \$ 5.04 3 OUTPATIENT VISITS 102.69 34.23 .002 34.23 .05 OFFICE VISITS 102.69 34.23 .002 34.23 .05 HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 0 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 .000 .00 . 00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 EXAMINATIONS .000 . 00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 0 .00 ANESTHESIOLOGIST .000 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 DIALYSIS .00 .00 .000 .00 1 0 0 0 0 0 0 0 636 15,600 6,537 .00 .00 .002 .00 .00 PATHOLOGY .00 .00 .00 .000 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS 9,630.91 15.14 .329 33.91 4.99 @PHARMACY 1,425 414,347.51 \$ 26.56 8.079 \$ 290.77 \$ 214.58 1,403 61.59 3.385 286.97 208.50 PRESCRIPTION DRUGS 402,622.63 14.32 SNF/ICF 61 606 27,655.07 45.64 .314 453.36 1,344 5,931 374,967.56 63.22 3.071 278.99 194.18 OUTPATIENTS MEDICAL SUPPLIES 183 9,063 11,724.88 1.29 4.693 64.07 6.07 9,511.90 54 175 .091 \$ 176.15 \$ @DENTIST 54.35 4.93 33 83 1,256.90 15.14 . 043 38.09 VISITS - DIAGNOSTIC . 65 10 42 55.00 .022 231.00 ORAL SURGERY 2,310.00 1.20 1 1 .00 .001 .00 DRUGS .00 .00 . 00 .00 .000 .00 . 00 ANESTHESTA .00 .00 .000 .00 PERIODONTICS 1 260.00 ENDODONTICS 260.00 .001 260.00 .13 10 472.00 47.20 .005 94.40 RESTORATIVE DENTISTRY .24 .00 .000 .00 PROSTHETICS 0 .00 . 00

DENTURES, STAYPLATES	14	38	5,213.00	137.18	.020	372.36	2.70
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	C 2004	PAGE 15,398
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR TITLE II I	DISREGARD - AGED	AID CODE 16			
							_

SONOMA COUNTY	SUMMARY OF SERV	TICES FOR	TITLE	TT DIS	SREGARD - AGED		AID CODE	16				
								MO	TNC	HLY AVERA	GΕ	
1,931 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
_,		OR DAYS						PER ELIG		USER		ELIGIBLE
GODEOMEEDICE	35	OK DAIS	107		2 046 70	\$	19.13	.055		58.48	<u>_</u>	1.06
@OPTOMETRIST				\$	2,046.70	Ş			Þ		Ş	
DIAGNOSTIC AND ANC. PROCED	5		5		237.25		47.45	.003		47.45		.12
EYE APPLIANCES	33		97		1,658.90		17.10	.050		50.27		.86
OTHER OPTOMETRIC SERVICES	4		5		150.55		30.11	.003		37.64		.08
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ġ	.00	\$.00
VISITS	0		0	۲	.00	Y	.00	.000	Υ	.00	Υ	.00
	•		-									
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	74		167	\$	997.89	\$	5.98	.086	\$	13.49	\$.52
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
	74		-									
OTHER			167	_	997.89	_	5.98	.086	_	13.49	_	.52
@HOME HEALTH AGENCY	0		0	\$.00	Ş	.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ś	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$.00		\$.00	\$.00
	187		706	÷		\$						
@TOTAL HOSPITAL				Ą	48,691.13	Ş	68.97	.366	Ş	260.38	\$	25.22
HOSP INPATIENT TOTAL	37		0		35,577.48		.00	.000		961.55		18.42
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000		.00		.00
	0		0									
ALL OTHER ACCOM	· ·				.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	37		0		35,577.48		.00	.000		961.55		18.42
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	168		706		13,113.65		18.57	.366		78.06		6.79
MEDICAL	3		4		114.98		28.75	.002		38.33		.06
SURGERY	0		0		.00		.00	.000		.00		.00
	0											
PATHOLOGY	-		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	165		702		12,998.67		18.52	.364		78.78		6.73
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	7	.00	-	.00	.000	т	.00	т	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	O .											
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
VIICTITUITED	0		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00	
MEDICAL	0	0		.00		.00	.000	.00		.00	
SURGERY	0	0		.00		.00	.000	.00		.00	
PATHOLOGY	0	0		.00		.00	.000	.00		.00	
RADIOLOGY	0	0		.00		.00	.000	.00		.00	
ROOM USE	0	0		.00		.00	.000	.00		.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2004 THRU DI	EC 2004	P	AGE 15,399	
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05	
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR TITLE I	I D	ISREGARD - AGED		AID CODE	16				
							MOI	NTHLY AVERA	GE		
1,931 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER	
		OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	187	706	\$	48,691.13	\$	68.97	.366	\$ 260.38	\$	25.22	
COMM HOSP INPATIENT TOTAL	37	0		35,577.48		.00	.000	961.55		18.42	
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00	
ANCILLARIES	0	0		.00		.00	.000	.00		.00	
INPATIENT CROSSOVERS	37	0		35,577.48		.00	.000	961.55		18.42	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00	
COMM HOSP OUTPATIENT TOTAL	168	706		13,113.65		18.57	.366	78.06		6.79	
MEDICAL	3	4		114.98		28.75	.002	38.33		.06	
SURGERY	0	0		.00		.00	.000	.00		.00	
PATHOLOGY	0	0		.00		.00	.000	.00		.00	
RADIOLOGY	0	0		.00		.00	.000	.00		.00	
ROOM USE	0	0		.00		.00	.000	.00		.00	
CROSSOVERS/ALL OTH OUTPINT	165	702		12,998.67		18.52	.364	78.78		6.73	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0		.00		.00	.000	.00		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00	
@NURSING FACILITY	79	1,699	\$	280,587.76	\$	165.15	.880	\$ 3551.74	\$	145.31	
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00	
LEV B-REHAB MD	5	126		15,770.12		125.16	.065	3154.02		8.17	
TEV POSIDACITE EDEECHANDING	0	0		00		00	000	0.0		0.0	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	165	702	12 , 998.67	18.52	.364	78.78	6.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	79	1,699	\$ 280 , 587.76	\$ 165.15		\$ 3551.74	\$ 145.31
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	5	126	15,770.12	125.16	.065	3154.02	8.17
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	74	1 , 573	264,817.64	168.35	.815	3578.62	137.14
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	5	\$ 51.63	\$ 10.33	.003	\$ 12.91	\$.03
PATHOLOGY	3	4	29.63	7.41	.002	9.88	.02
XO AND OTHERS	1	1	22.00	22.00	.001	22.00	.01

@ORGANIZED OUTPATIENT CLINIC	127	2	11	\$	11,925.33	\$	56.52	.109	\$ 93.90	\$	6.18
CLINIC	0		0		.00		.00	.000	.00		.00
SURGICENTER	4		4		830.70		207.68	.002	207.68		.43
HEROIN DETOX CLINIC	0		0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	124	2	07		11,094.63		53.60	.107	89.47		5.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEN	DITURE	ES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU I	EC 2004	F	PAGE 15,400
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TI	TLE II	I DI	SREGARD - AGED		AID CODE	16			
								MC	NTHLY AVERA	4GE	
1,931 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF	CARE			PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	403	7,5	14	\$	88,043.68	\$	11.72	3.891	\$ 218.47	\$	45.59
DURABLE MED. EQUIP.	23		46		8,030.21		174.57	.024	349.14		4.16
BLOOD BANK	0		0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	10		12		411.50		34.29	.006	41.15		.21
MEDICAL TRANSPORTATION	25	4	20		2,291.33		5.46	.218	91.65		1.19
AMBULANCES/AIR TRANS	1		2		134.27		67.14	.001	134.27		.07
OTHER TRANS	18	4	26		2,058.93		4.83	.221	114.39		1.07
OTHER SERVICES	6		8CR		98.13		12.27CR	.004CF	16.36		.05
ACUPUNCTURE	0		0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	9	1	06		7,375.48		69.58	.055	819.50		3.82
GENETIC DISEASE TESTING	0		0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	125	6	07		44,408.51		73.16	.314	355.27		23.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00		.00
OPTICIAN	41		97		1,237.48		12.76	.050	30.18		.64
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00		.00
PORTABLE X-RAY	1		1		.56		.56	.001	.56		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
ORTHOTICS	0		0		.00		.00	.000	.00		.00
PSYCHOLOGIST	1		8		31.52		3.94	.004	31.52		.02
SPEECH AND AUDIOLOGY	9		16		1,054.99		65.94	.008	117.22		.55

HOSPICE SERVICES	7	133	17,605.21	132.37	.069	,	2515.03	9.12	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00	
ALL OTHER PROVIDERS	212	6,068	5,596.89	.92	3.142		26.40	2.90	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	641	7,632	\$ 113,186.89	\$ 14.83	3.952	\$	176.58	\$ 58.62	
O.L. MOMATO TAX MURGE TIMES AND STUDY	30 3 00030300	THEODIES TON	 T 11						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,401
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

20110111 0001111	SOIMMING OF SERV	VIOLO ION IIILE	D.	IONEOINO DEINE	2111	S CODED 20	MO	חתר	HIV AVERA	GE	
115 ELIGIBLES	USERS	UNITS OF SERVIC	'F	EXPENDITURES	Z\ 7.7.E	TRACE COST	UNITS/DAY		COST PER	-	COST PER
119 EDIGIDDES	ODERO	OR DAYS OF CAR		EXTENDITORES		R UNIT/DAY		5	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	84	3,413	\$	31,699.52	\$	9.29	29.678	Ś	377.38	\$	275.65
@PHYSICIANS SERVICES	13	27	Ś	598.07	Ś	22.15	.235		46.01	Ś	5.20
OUTPATIENT VISITS	0	0	Ψ	.00	т	.00	.000	Τ.	.00	τ	.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	13	27		598.07		22.15	.235		46.01		5.20
@PHARMACY	74	3,291	\$	•	\$		28.617	\$	329.18	\$	211.82
PRESCRIPTION DRUGS	74	218		22,311.22		102.35	1.896		301.50		194.01
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	74	218		22,311.22		102.35	1.896		301.50		194.01
MEDICAL SUPPLIES	12	3,073		2,047.86		.67	26.722		170.66		17.81
@DENTIST	4	19	\$	407.90	\$	21.47	.165	\$	101.98	\$	3.55
VISITS - DIAGNOSTIC	4	15		164.90		10.99	.130		41.23		1.43
ORAL SURGERY	1	1		85.00		85.00	.009		85.00		.74

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	3		158.00		52.67	.026		158.00		1.37
PROSTHETICS	0	5		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	0	Ü		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT RE	E.PORT			DEC		P	AGE 15,402
MOP024	FEE-FOR-SERVICE		СПО	TOTALL OF THE PROPERTY OF		. 1010 01110 .	2001 111110		, 2001		03/14/05
SONOMA COUNTY			r Di	ICDECADO DI IND	7.7.	CODEC 26	C 7				03/14/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	רד דו	ISREGARD - BLIND	AIL	CODES 26				~=	
							M				
115 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE	C		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
•	0	•	Ą		۲			۲	.00	۲	
VISITS	U	0		.00		.00	.000				.00
OTHER SERVICES	Ü	0		.00		.00	.000		.00		.00
@PODIATRIST	4	6	\$	10.75	\$	1.79	.052	\$	2.69	\$.09
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	6		10.75		1.79	.052		2.69		.09
@HOME HEALTH AGENCY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	Ö	Ċ	.00	\$.00		\$.00	\$.00
	0	0	ç	.00	ċ	.00	.000	- 1	.00	Ś	.00
NURSE MIDWIFE	0	-	ې د		ې د			\$			
PEDIATRIC NURSE PRACTITIONER	U	0	Þ	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	O	0	Ş	.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	6	21	Ş	2,504.58	Ş	119.27	.183	Ş	417.43	Ş	21.78
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		7.62
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	U	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		7.62
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	21		1,628.58		77.55	.183		325.72		14.16
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	U										
CROSSOVERS/ALL OTH OUTPTNT	5	21	ć	1,628.58	Ċ	77.55	.183	Ċ	325.72	ć	14.16
@COUNTY HOSPITAL TOTAL	U	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

		0	0.0	0.0	0.00	0.0	0.0
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 15,403
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES		SREGARD - BLIND	AID CODES 26	6A		
					MONT	HLY AVERA	GE
115 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	21 \$	2,504.58	\$ 119.27	.183 \$	417.43	-
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	7.62
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	7.62
	1	0		.00	.000	.00	.00
ALL OTHER INPATIENT	U	21	.00				
COMM HOSP OUTPATIENT TOTAL	5	0	1,628.58	77.55	.183	325.72	14.16
MEDICAL	0	•	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	21	1,628.58	77.55	.183	325.72	14.16
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
		•	0.0	0.0	0.00	0.0	0.0

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HOSPITAL BASED

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITE	TRES MO		REPORT				PΑ	GE 15,404
MOP024	FEE-FOR-SERVICE		01(20 11	311111 01 11111111111 1	0	1011 01111 1	.001 111110 2	20 2001		03/14/05
SONOMA COUNTY	,		TT DT	SREGARD - BLIND	ΔTΓ	CODES 26	6 A			03/11/03
SONOMA COUNTI	SOMMAN OF SERVE	ICES FOR IIIDE	II DI	DILEGAND DEIND	AIL	CODES 20		NTHLY AVERA	CF -	
115 ELIGIBLES	USERS	UNITS OF SERVI	~F	EXPENDITURES	7/1/2	BACE COST		COST PER	-	OST PER
110 EDIGIBLES	OSEKS	OR DAYS OF CAL		EXFENDITORES			PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	12	OR DAIS OF CAL	\$	3,819.14		77.94	.426			
-		2	۲	426.00		213.00	.017	•	Ą	3.70
DURABLE MED. EQUIP.	2							213.00		
BLOOD BANK	0	0		.00		.00				.00
HEARING AID DISPENSERS	· ·	0		.00		.00	.000			.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000			.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000			.00
OTHER TRANS	0	0		.00		.00	.000			.00
OTHER SERVICES	0	0		.00		.00	.000			.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	37		3,292.52		88.99	.322	365.84		28.63
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	1	2		14.68		7.34	.017	14.68		.13
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000			.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	8								
ALL OTHER PROVIDERS	0	0	ć	85.94	Ċ	10.74	.070	21.49	Ċ	.75
@CALIF. CHILDREN SERVICES*			\$.00	\$.00	.000			.00
@XOVER EXCLUDING STATE HOSP**		68	Ş	3,236.44	Ş	47.59	.591	\$ 134.85	Þ	28.14
0* TOTALS IN THESE LINES ARE				•						
THE AMOUNTS ARE ALREADY IN				S ABOVE.						
** THESE DATA ARE INCLUDED I								0004		~= 15 105
	MEDI-CAL SERVICE	-	JRES MO	ONTH-OF-PAYMENT R	KEPORT	' FOR JAN 2	UU4 THRU D	EC 2004	PA	GE 15,405
MOP024	FEE-FOR-SERVICE,						66.66			03/14/05
SONOMA COUNTY	SUMMARY OF SERV	LCES FOR TITLE	II DIS	SREGARD - DISABLE	ID AID	CODES 36			~-	
								NTHLY AVERA		
2,308 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES				COST PER		OST PER
		UP 114 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	√ H.		DH.B	- ΙΙΝΙΙ''' / ΙΙΔ V	PER ELLC	HISER	G.	TO LITE LIBITIAL

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	1,905	48,779	\$ 1,381,296.22	\$ 28.32	21.135	Ś	725.09	Ś	598.48
@PHYSICIANS SERVICES	299	1,955	\$ 22,565.29	\$ 11.54	.847		75.47		9.78
OUTPATIENT VISITS	8	10	452.88	45.29	.004		56.61		.20
OFFICE VISITS	3	4	161.28	40.32	.002		53.76		.07
HOME VISITS	0	0	.00	.00	.000		.00		.00
EMERGENCY ROOM	4	4	269.47	67.37	.002		67.37		.12
PREVENTIVE CARE	0	0	.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00		.00
OTHER OUTPATIENT	2	2	22.13	11.07	.001		11.07		.01
INPATIENT VISITS	0	0	.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00		.00
CRITICAL CARE	0	0	.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1	34.83	34.83	.000		34.83		.02
EXAMINATIONS	1	1	34.83	34.83	.000		34.83		.02
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	4	417.16	104.29	.002		208.58		.18
PRINCIPAL SURGEON	2	4	417.16	104.29	.002		208.58		.18
ASSISTANT SURGEON	0	0	.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00		.00
OUTPATIENT SURGERY	2	8	174.93	21.87	.003		87.47		.08
PRINCIPAL SURGEON	1	1	13.53	13.53	.000		13.53		.01
ASSISTANT SURGEON	0	0	.00	.00	.000		.00		.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.003		161.40		.07
DIALYSIS	0	0	.00	.00	.000		.00		.00
PATHOLOGY	2	2	46.88	23.44	.001		23.44		.02
RADIOLOGY	3	22	731.72	33.26	.010		243.91		.32
PSYCHIATRY	0	0	.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2	135.96	67.98	.001		67.98		.06
OTHER SERVICES/ALL X-OVERS	286	1,906	20,570.93	10.79	.826		71.93		8.91
@PHARMACY	1,662	21,668	\$, ·	\$	9.388	\$	525.45	\$	378.38
PRESCRIPTION DRUGS	1,627	8,037	859,511.50	106.94	3.482		528.28		372.41

SNF/ICF	6	36	4,177.88	116.05	.016	696.31	1.81
OUTPATIENTS	1,623	8,001	855,333.62	106.90	3.467	527.01	370.60
MEDICAL SUPPLIES	188	13,631	13,788.72	1.01	5.906	73.34	5.97
@DENTIST	134	489 \$	18,471.85	\$ 37.77	.212	\$ 137.85	\$ 8.00
VISITS - DIAGNOSTIC	91	295	3,541.55	12.01	.128	38.92	1.53
ORAL SURGERY	15	59	3,712.00	62.92	.026	247.47	1.61
DRUGS	1	1	25.00	25.00	.000	25.00	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	11	12	944.00	78.67	.005	85.82	.41
ENDODONTICS	2	2	260.00	130.00	.001	130.00	.11
RESTORATIVE DENTISTRY	35	73	4,182.30	57.29	.032	119.49	1.81
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	15	44	5,777.00	131.30	.019	385.13	2.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 15,406

#CALLE DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRO DEC 2004 PAGE 15,406
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

							M	INO	HLY AVERA	GE.	
2,308 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	Ē		PER		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	52	154	\$	2,782.84	\$	18.07	.067	\$	53.52	\$	1.21
DIAGNOSTIC AND ANC. PROCED	5	5		229.24		45.85	.002		45.85		.10
EYE APPLIANCES	48	138		2,246.43		16.28	.060		46.80		.97
OTHER OPTOMETRIC SERVICES	7	11		307.17		27.92	.005		43.88		.13
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	40	85	\$	635.59	\$	7.48	.037	\$	15.89	\$.28
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	40	85		635.59		7.48	.037		15.89		.28
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	226	982	\$	38,230.74	\$	38.93	.425	\$	169.16	\$	16.56
HOSP INPATIENT TOTAL	20	0		16,713.76		.00	.000		835.69		7.24
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	20	0		16,713.76		.00	.000		835.69		7.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	212	982		21,516.98		21.91	.425		101.50		9.32
MEDICAL	7	11		361.65		32.88	.005		51.66		.16
SURGERY	1	1		21.65		21.65	.000		21.65		.01
PATHOLOGY	5	14		175.06		12.50	.006		35.01		.08

RADIOLOGY	2	2		433.92		216.96	.001		216.96		.19
ROOM USE	10	11		383.63		34.88	.005		38.36		.17
CROSSOVERS/ALL OTH OUTPINT	196	943		20,141.07		21.36	.409		102.76	8	.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONTH	-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC 2	2004	PAGE 1	5,407
MOP024	FEE-FOR-SERVICE/DENTA	L								03/	14/05
CONOMA COUNTY	CIIMMADV OF CEDVICEC E	רס יידיידי	TT DICPEC	ADD - DICABIE	מדא מי	CODES 36	66 6C				

	OR DAYS OF CAR	E		R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL 226	982	\$	38,230.74	\$ 38.93	.425	\$ 169.16	\$	16.56
COMM HOSP INPATIENT TOTAL 20	0		16,713.76	.00	.000	835.69		7.24
HSC HOSPITALS 0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL 0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS 0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS 0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE 0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM 0	0		.00	.00	.000	.00		.00
ANCILLARIES 0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS 20	0		16,713.76	.00	.000	835.69		7.24
ALL OTHER INPATIENT 0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL 212	982		21,516.98	21.91	.425	101.50		9.32
MEDICAL 7	11		361.65	32.88	.005	51.66		.16
SURGERY 1	1		21.65	21.65	.000	21.65		.01
PATHOLOGY 5	14		175.06	12.50	.006	35.01		.08
RADIOLOGY 2	2		433.92	216.96	.001	216.96		.19
ROOM USE 10	11		383.63	34.88	.005	38.36		.17
CROSSOVERS/ALL OTH OUTPTNT 196	943		20,141.07	21.36	.409	102.76		8.73
@STATE HOSPITAL 0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL 0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED 0	0		.00	.00	.000	.00		.00
@NURSING FACILITY 10	167	\$	34,022.36	\$ 203.73	.072	\$ 3402.24	\$	14.74
LEV A-INTERMEDIATE 0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD 0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING 0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED 0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE 0	0		.00	.00	.000	.00		.00
LEV B-REGULAR 10	167		34,022.36	203.73	.072	3402.24		14.74
@INTERMEDIATE CARE FACILDD 3	190	\$	30,846.50	\$ 162.35	.082	\$ 10282.17	\$	13.37

ICF DDH	3	190		30,846.50		162.35	.082		10282.17		13.37
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	18	25	\$	14,685.14	\$	587.41	.011	\$	815.84	\$	6.36
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	18	25		14,685.14		587.41	.011		815.84		6.36
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	26	\$	258.15	\$	9.93	.011	\$	36.88	\$.11
PATHOLOGY	4	16		201.75		12.61	.007		50.44		.09
XO AND OTHERS	3	10		56.40		5.64	.004		18.80		.02
@ORGANIZED OUTPATIENT CLINIC	240	527	\$	23,902.81	\$	45.36	.228	\$	99.60	\$	10.36
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	6		91.01		15.17	.003		91.01		.04
RURAL HEALTH CLINIC	239	521		23,811.80		45.70	.226		99.63		10.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR1	FOR JAN 200)4 THRU	DEC	2004	P7	AGE 15,408
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	R TITLE	II D	DISREGARD - DISABLE	D AII	CODES 36 66	6 6C				

----- MONTHLY AVERAGE -----EXPENDITURES 2,308 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 290 321,594.73 \$ 14.29 @ALL OTHER PROVIDERS 22,511 \$ 9.753 \$ 1108.95 \$ 139.34 7,576.34 93.54 .00 .00 122.81 61.41 24,886.15 2.69 DURABLE MED. EQUIP. 21 81 .035 360.78 BLOOD BANK .000 .00 HEARING AID DISPENSERS .001 61.41 2.69 4.013 24.45 .013 9,261 29 436.60 MEDICAL TRANSPORTATION 5 AMBULANCES/AIR TRANS 709.19 141.84 51 2 2.62 3.998 2.26 .002 9,227 OTHER TRANS 24,165.67 473.84 10.47 11.29 5 OTHER SERVICES 5.65 .00 205.45 .005 ACUPUNCTURE 12 17.12 51.36 11,480.70 69.58 .071 546.70 .00 .000 .00 29.45 3.790 21466.81 ADULT DAY HEALTH CARE CTR 165 4.97 0 0 0 12 8,747 GENETIC DISEASE TESTING .00 .00 257,601.71 IHMC, MODEL-NF, NF, AIDS, MSSP 111.61 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 11.12 .046 4.84 .006 .00 .000 11.79 .002 11.79 .002 46 106 1,178.40 25.62 OPTICIAN .51 .000 .002 4 .002 47. .000 .000 .U 10.65 .000 10.65 47.36 .043 173.64 .00 .000 .000 .00 .000 .000 .63 .012 17 15 72.61 PHYSICAL THERAPIST .00 0 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS 47.16 .02 47.16 PROSTHETICS .00 ORTHOTICS .00 10.65 PSYCHOLOGIST .00 4,688.17 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .00 0 .00 NONINST BIRTHING CENTERS .00 27 341.04 LOCAL EDUCATION AGENCIES 0 0 0 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 PED SUBACUTE REHAB/WEANING .00 3,991 13,383.54 1.729 ALL OTHER PROVIDERS 3.35 86.91 5.80 @CALIF. CHILDREN SERVICES* 34.83 \$ 1 1 34.83 .000 \$ 34.83 \$.02 @XOVER EXCLUDING STATE HOSP** 618 11,520 \$ 98,949.99 \$ 8.59 4.991 \$ 160.11 \$ 42.87

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,409

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

SONOMA COUNTY	SUMMARY OF SER	JICES FOR TI	TLE I	I DIS	REGARD - FAMILIES	DISCONTIN	UED			
							MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF	CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0							
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	•						.000			
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
	ý.		-							

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,410 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

03/14/05

JONOPIA COUNTI	DOMMANT OF DERVI	CES FOR	111111111111111111111111111111111111111	L DISKE	IAND PARTITION) TO COM TIME					
								MC	NTI	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

TAIDA ELTENIE ODOGGOLIEDO	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00				
MEDICAL	U	0		.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 15,411
			VIII OI IIIIIIIVI IU	LOIGI LOIG OIM 2	LOOT THING DEC	2001	
							02/11/05
MOP024	FEE-FOR-SERVICE			DIGGONETNI	III D		03/14/05
MOP024 SONOMA COUNTY		/DENTAL ICES FOR TITLE II DISF	REGARD - FAMILIES	DISCONTINU			
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISF			MONT		GE
			REGARD - FAMILIES EXPENDITURES	AVERAGE COST	MONT UNITS/DAYS		
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISF			MONT UNITS/DAYS		GE
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISF UNITS OF SERVICE		AVERAGE COST	MONT UNITS/DAYS	COST PER	GE COST PER ELIGIBLE
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$.00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	GE COST PER ELIGIBLE \$.00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	ICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
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SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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SONOMA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF	F-PAYMENT RE	EPORT :	FOR JAN 2004	1 THRU	DEC	2004		E 15,412
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	TITLE :	II DISREGARI	O - FAMILIES	5 D	ISCONTINUED					
							N	MTMO	LY AVERA	GE	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,413 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

SONOPIA COUNTI	DOM:MAKE OF BEIK	TOES FOR TITLE IT D	TOTAL TOTAL		MON'	THTY AVERAC	FE
4,354 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
-,	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,605	79,019 \$	2,278,932.87	\$ 28.84	18.149 \$	632.16	
@PHYSICIANS SERVICES	598	2,625 \$		\$ 12.53	.603 \$		
OUTPATIENT VISITS	11	13	555.57	42.74	.003	50.51	.13
OFFICE VISITS	6	7	263.97	37.71	.002	44.00	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	269.47	67.37	.001	67.37	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	22.13	11.07	.000	11.07	.01
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	34.83	34.83	.000	34.83	.01
EXAMINATIONS	1	1	34.83	34.83	.000	34.83	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4	417.16	104.29	.001	208.58	.10
PRINCIPAL SURGEON	2	4	417.16	104.29	.001	208.58	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	8	174.93	21.87	.002	87.47	.04
PRINCIPAL SURGEON	1	1	13.53	13.53	.000	13.53	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.002	161.40	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	46.88	7.81	.001	15.63	.01
RADIOLOGY	3	22	731.72	33.26	.005	243.91	.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	135.96	67.98	.000	67.98	.03
OTHER SERVICES/ALL X-OVERS	583	2 , 569	30,799.91	11.99	.590	52.83	7.07
@PHARMACY	3 , 161	40,559 \$		\$ 32.35	9.315 \$		
PRESCRIPTION DRUGS	3,104	14,792	1,284,445.35	86.83	3.397	413.80	295.00
SNF/ICF	67	642	31,832.95	49.58	.147	475.12	7.31
OUTPATIENTS	3,041	14,150	1,252,612.40	88.52	3.250	411.91	287.69
MEDICAL SUPPLIES	383	25,767	27,561.46	1.07	5.918	71.96	6.33
@DENTIST	192	683 \$		\$ 41.57	.157 \$		
VISITS - DIAGNOSTIC	128	393	4,963.35	12.63	.090	38.78	1.14
ORAL SURGERY	26	102	6,107.00	59.87	.023	234.88	1.40
DRUGS	2	2	25.00	12.50	.000	12.50	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	11	12	944.00	78.67	.003	85.82	.22
ENDODONTICS	3	3	520.00	173.33	.001	173.33	.12
RESTORATIVE DENTISTRY	41	86	4,812.30	55.96	.020	117.37	1.11
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	29	82	10,990.00	134.02	.019	378.97	2.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 15,414
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES F	OR TITLE II DI	SREGARD - TOTAL				

SONOPIA COUNTI	DOMMANT OF BEIN	TOES FOR	111111 1.	1 1/1	DINEGAND TOTAL			M	ONT	HIY AVERA	GE.	
4,354 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST				.0_	COST PER
1,001 221012220	002110	OR DAYS	-		E111 E113 I I 011E0		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	87	011 21110	261	\$	4,829.54	\$	18.50	.060		55.51	Ś	1.11
DIAGNOSTIC AND ANC. PROCED	10		10		466.49		46.65	.002		46.65		.11
EYE APPLIANCES	81		235		3,905.33		16.62	.054		48.21		.90
OTHER OPTOMETRIC SERVICES	11		16		457.72		28.61	.004		41.61		.11
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0		Ō		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	118		258	\$	1,644.23	\$	6.37	.059	Ś	13.93	Ś	.38
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	118		258		1,644.23		6.37	.059		13.93		.38
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	Ś		\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00		\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	419	1	,709	Ś		Ś	52.33	.393		213.43		20.54
HOSP INPATIENT TOTAL	58	-	0	т.	53,167.24	-	.00	.000	т.	916.68	7	12.21
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ō		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	58		0		53,167.24		.00	.000		916.68		12.21
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	385	1	,709		36,259.21		21.22	.393		94.18		8.33
MEDICAL	10		15		476.63		31.78	.003		47.66		.11
SURGERY	1		1		21.65		21.65	.000		21.65		.00
PATHOLOGY	5		14		175.06		12.50	.003		35.01		.04
RADIOLOGY	2		2		433.92		216.96	.000		216.96		.10
ROOM USE	10		11		383.63		34.88	.003		38.36		.09
CROSSOVERS/ALL OTH OUTPTNT		1	,666		34,768.32		20.87	.383		95.00		7.99
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		Ō		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
- · · · · ·	<u> </u>		*		. 3 0							

	0		0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DEC	2004	PAGE 15,415
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DIS	SREGARD - TOTAL				
					MONT	THLY AVERAC	GE
4,354 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	419	1,709 \$	89,426.45	\$ 52.33	.393 \$	213.43	\$ 20.54
COMM HOSP INPATIENT TOTAL	58	0	53,167.24	.00	.000	916.68	12.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	58	0	53,167.24	.00	.000	916.68	12.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	385	1,709	36,259.21	21.22	.393	94.18	8.33
MEDICAL	10	15	476.63	31.78	.003	47.66	.11
SURGERY	1	1	21.65	21.65	.000	21.65	.00
PATHOLOGY	5	14	175.06	12.50	.003	35.01	.04
RADIOLOGY	2	2	433.92	216.96	.000	216.96	.10
ROOM USE	10	11	383.63	34.88	.003	38.36	.09
1,001, 001	10	Τ.Τ.	505.05	54.00	•005	30.30	• 0 5

CROSSOVERS/ALL OTH OUTPTNT	366	1,666		34,768.32		20.87	.383		95.00		7.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	89	1,866	\$	314,610.12	\$	168.60	.429	\$	3534.95	\$	72.26
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	5	126		15,770.12		125.16	.029		3154.02		3.62
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	84	0 1,740		298,840.00		171.75	.400		3557.62		68.64
@INTERMEDIATE CARE FACILDD	3	190	\$	30,846.50	\$	162.35	.044	\$	10282.17	\$	7.08
ICF DDH	3	190		30,846.50		162.35	.044		10282.17		7.08
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	18	25	\$	14,685.14	\$	587.41	.006	\$	815.84	\$	3.37
HOSPITAL BASED HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	18	25		14,685.14		587.41	.006		815.84		3.37
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	31	\$	309.78	\$	9.99	.007	\$	28.16	\$.07
PATHOLOGY	7	20		231.38		11.57	.005		33.05		.05
XO AND OTHERS	4	11		78.40		7.13	.003		19.60		.02
@ORGANIZED OUTPATIENT CLINIC	367	738	\$	35,828.14	\$	48.55	.169	\$	97.62	\$	8.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	4	4		830.70		207.68	.001		207.68		.19
HEROIN DETOX CLINIC	1	6		91.01		15.17	.001		91.01		.02
RURAL HEALTH CLINIC	363	728		34,906.43		47.95	.167		96.16		8.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT F	REPOR	r for Jan 2	004 THRU	DEC	2004	PP	AGE 15,416
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II D	ISREGARD - TOTAL							
							M	INO	HLY AVERA	GE -	
4,354 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	705	30,074	\$	413,457.55	\$	13.75	6.907	\$	586.46	\$	94.96
DURABLE MED. EQUIP.	46	129		16,032.55		124.28	.030		348.53		3.68
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	12 82	14		534.31		38.17	.003		44.53		.12
MEDICAL TRANSPORTATION	82	9,681		27,177.48		2.81	2.223		331.43		6.24
AMBULANCES/AIR TRANS	6	31		843.46		27.21	.007		140.58		.19
OTHER TRANS	69	9,653		26,224.60		2.72	2.217		380.07		6.02
OTHER SERVICES	8	3CR		109.42		36.47CR	.001C	R	13.68		.03
ACUPUNCTURE	4	12		205.45		17.12	.003		51.36		.05
ADULT DAY HEALTH CARE CTR	30	271		18,856.18		69.58	.062		628.54		4.33
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	146	9,391		305,302.74		32.51	2.157		2091.11		70.12
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	88	205		2,430.56		11.86	.047		27.62		.56
PHYSICAL THERAPIST	3	15		72.61		4.84	.003		24.20		.02
PORTABLE X-RAY	1	1		.56		.56	.000		.56		.00
PROSTHETIST/ORTHOTISTS	1	4		47.16		11.79	.001		47.16		.01
DDOGMIEMICG	1	1		17 16		11 70	0.01		17 16		0.1

47.16

.00

42.17

5,743.16

.001

.000

.002

.026

47.16

.00

21.09

159.53

11.79

.00

4.69

49.94

.01

.00

.01

1.32

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

SPEECH AND AUDIOLOGY

1

0

36

0

9

115

HOSPICE SERVICES	7	133	17,605.21	132.37	.031	2515.03	4.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	27	341.04	12.63	.006	113.68	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	370	10,067	19,066.37	1.89	2.312	51.53	4.38
@CALIF. CHILDREN SERVICES*	1	1	\$ 34.83	\$ 34.83	.000	\$ 34.83	\$.01
@XOVER EXCLUDING STATE HOSP**	1,283	19,220	\$ 215,373.32	\$ 11.21	4.414	\$ 167.87	\$ 49.47

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,417 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

SONOMA COUNTI	SUMMARI OF SER	AICES FOR IN HOME ?	SUF	FORI - AGED		AID CODE	10				
							MC			GΕ	
1,007 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5 (COST PER
		OR DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	823	42,354	\$	397,690.61	\$	9.39	42.060	\$	483.22		394.93
@PHYSICIANS SERVICES	117	303	\$	4,242.90	\$	14.00	.301	\$	36.26	\$	4.21
OUTPATIENT VISITS	5	7		312.85		44.69	.007		62.57		.31
OFFICE VISITS	3	5		199.90		39.98	.005		66.63		.20
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2	2		112.95		56.48	.002		56.48		.11
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	3		.00		.00	.003		.00		.00
HOSPITAL VISITS	2	3		.00		.00	.003		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		15.49		7.75	.002		7.75		.02
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	111	291		3,914.56		13.45	.289		35.27		3.89
@PHARMACY	697	35,723	\$	215,662.98	\$	6.04	35.475	\$	309.42	\$	214.16
PRESCRIPTION DRUGS	660	3,254		199,333.33		61.26	3.231		302.02		197.95
SNF/ICF	16	105		5,297.36		50.45	.104		331.09		5.26
OUTPATIENTS	646	3,149		194,035.97		61.62	3.127		300.37		192.69
MEDICAL SUPPLIES	172	32,469		16,329.65		.50	32.243		94.94		16.22
@DENTIST	20	102	\$	2,809.00	\$.101	\$		\$	2.79
VISITS - DIAGNOSTIC	16	66		789.00	•	11.95	.066		49.31		.78
ORAL SURGERY	1	6		322.00		53.67	.006		322.00		.32

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.001		118.00		.12
	1	1									
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	5	13		704.00		54.15	.013		140.80		.70
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	16		876.00		54.75	.016		219.00		.87
SPACE MAINTAINERS	Ū	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	•	•									
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU I	DEC	2004	Р	AGE 15,418
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY			מוזס י	PORT - AGED		AID CODE	1 0				03/11/03
SONOMA COUNTI	SUMMARI OF SERV	ICES FOR IN HOME	. 50F	FORI - AGED		AID CODE		\ X T CCC		C.E.	
							MC				
1,007 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	8	\$	138.02	\$	17.25	.008	\$	46.01	\$.14
DIAGNOSTIC AND ANC. PROCED	0	0		.00	'	.00	.000		.00	'	.00
	3	8				17.25					
EYE APPLIANCES				138.02			.008		46.01		.14
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	23	25	\$	191.79	\$	7.67	.025	Ś	8.34	Ś	.19
•	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
MEDICINE/INJECTIONS	· · · · · · · · · · · · · · · · · · ·										
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	23	25		191.79		7.67	.025		8.34		.19
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	Ċ	.00	Ċ	.00	.000	\$.00	\$.00
	· ·	0	Ċ	.00	\$					Ś	
PEDIATRIC NURSE PRACTITIONER	•	•	Ş.			.00	.000	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş		\$.00		\$.00		.00
@TOTAL HOSPITAL	75	248	\$	23,475.37	\$	94.66	.246	\$	313.00	\$	23.31
HOSP INPATIENT TOTAL	17	0		18,787.61		.00	.000		1105.15		18.66
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	•			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	17	0		18,787.61		.00	.000		1105.15		18.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	•	-									
HOSP OUTPATIENT TOTAL	66	248		4,687.76		18.90	.246		71.03		4.66
MEDICAL	1	1		29.84		29.84	.001		29.84		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		14.89		14.89	.001		14.89		.01
ROOM USE	3	3		92.32		30.77	.003		30.77		.09
CROSSOVERS/ALL OTH OUTPINT	-	243		4,550.71		18.73	.241		71.10		4.52
			ċ	•	ċ			Ċ		ċ	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Þ	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	DEC 1	.00 MONTH-OF-PAYMENT RE				D	AGE 15,419
MOP024	FEE-FOR-SERVICE/		KES I	MONTH-OF-FAIMENT K	LIONI FOR JAN .	ZUU4 INKU DE	C 2004	F.	03/14/05
SONOMA COUNTY			r ciii	PPORT - AGED	AID CODE	1 0			03/14/03
SONOMA COONII	SOMMANI OF SERVI	CES FOR IN HOM	301	FORT AGED	AID CODE	MON	תחור אוובטא	CF	
1,007 ELIGIBLES	USERS	UNITS OF SERVIC	c	EXPENDITURES	AVERAGE COST				COST PER
I,007 ELIGIBLES	OSERS	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	248	£ \$	23,475.37			313.00		23.31
COMM HOSP INPATIENT TOTAL	17	240	Ą	18,787.61	.00	.000	1105.15	ې	18.66
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
	0	0							
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
	0	0							.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0			.00	.000			.00
ANCILLARIES	17	0		.00 18,787.61		.000	.00		
INPATIENT CROSSOVERS	1 /	0			.00	.000	1105.15		18.66 .00
ALL OTHER INPATIENT	66	248		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL MEDICAL	00	248		4,687.76 29.84	18.90	.246 .001	71.03 29.84		4.66 .03
	0	0		.00	29.84	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1							
RADIOLOGY	Ţ	3		14.89	14.89	.001	14.89 30.77		.01
ROOM USE	3			92.32	30.77				
CROSSOVERS/ALL OTH OUTPTNT	64 0	243	ć	4,550.71	18.73	.241	71.10	<u>_</u>	4.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		Þ	.00
MENTALLY ILL	•	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	<u> </u>	.00	.00	.000	.00	<u> </u>	.00
@NURSING FACILITY	20	312	\$	62,551.25	\$ 200.48		3127.56	Ş	62.12
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	U	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

312

0

0

0

20

0

0

0

8

0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

62,551.25

3,054.16

3,054.16

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200.48

339.35

339.35

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381.77 \$

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381.77

62.12

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3.03

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3.03

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	8	\$	73.71	\$	9.21	.008	\$	36.86	\$.07
PATHOLOGY	2	8		73.71		9.21	.008		36.86		.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	110	\$	8,868.69	\$	80.62	.109	\$	123.18	\$	8.81
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		408.88		204.44	.002		204.44		.41
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	70	108		8,459.81		78.33	.107		120.85		8.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	Ρ	AGE 15,420
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SU	JPPORT - AGED		AID CODE	18				
							M	TNOI	HLY AVERA	GE.	
1,007 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	.S	COST PER		COST PER
		OR DAYS OF CAR	3		PER	R UNIT/DAY	PER ELIG	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	260	5,506	\$	76,622.74	\$	13.92	5.468	\$	294.70	\$	76.09
DURABLE MED. EQUIP.	3	11		403.03		36.64	.011		134.34		.40
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	4		149.19		37.30	.004		49.73		.15
MEDICAL TRANSPORTATION	39	2 , 905		12,309.31		4.24	2.885		315.62		12.22
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	38	2 , 899		12,303.40		4.24	2.879		323.77		12.22
OTHER SERVICES	1	6		5.91		.99	.006		5.91		.01
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	13	142		9,890.80		69.65	.141		760.83		9.82
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	130	947		47,750.05		50.42	.940		367.31		47.42
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	5	14		139.64		9.97	.014		27.93		.14
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	2	2	.60	.30	.002	.30	.00	
PROSTHETIST/ORTHOTISTS	1	1	35.76	35.76	.001	35.76	.04	
PROSTHETICS	1	1	35.76	35.76	.001	35.76	.04	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	2	5	86.09	17.22	.005	43.05	.09	
SPEECH AND AUDIOLOGY	3	4	146.04	36.51	.004	48.68	.15	
HOSPICE SERVICES	1	3	397.11	132.37	.003	397.11	.39	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	100	1,468	5,315.12	3.62	1.458	53.15	5.28	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	241	2,158	\$ 55,228.35	\$ 25.59	2.143	\$ 229.16	\$ 54.84	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,421 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

561.6121 5661.11	2011111111 01 2211	. 1020 1010	11, 110112	201101	.1 22112		1112 0022	MC	ידעכ	HIY AVERA	GE.	
23 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE.	RAGE COST	UNITS/DAYS		COST PER	-	COST PER
23 00101000	ООППО		OF CARE		DALDIDITORDO		UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	24	OIC DIIID	792	\$	25,117.30	\$	31.71	34.435	Ś	1046.55		1092.06
@PHYSICIANS SERVICES	10		30	S	665.63	\$	22.19		Ś	66.56	\$	28.94
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10		30		665.63		22.19	1.304		66.56		28.94
@PHARMACY	21		110	\$	8,812.41	\$	80.11		\$	419.64	\$	383.15
PRESCRIPTION DRUGS	21		108		8,690.68		80.47	4.696		413.84		377.86

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
	21	108					
OUTPATIENTS	21	108	8,690.68	80.47	4.696	413.84	377.86
MEDICAL SUPPLIES	1	2	121.73	60.87	.087	121.73	5.29
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 15,422
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT - BLIND	AID CODE	E 28		

SONOMA COUNTI	SUMMAKI OF SEK	AICES FOR IN HOME	501	FFORT - DITIND		AID CODE	20				
							M	TNC	HLY AVERA	GΕ	
23 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	10	\$	1,096.98	\$	109.70	.435	\$	219.40	\$	47.69
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		38.09
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		38.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	10		220.98		22.10	.435		55.25		9.61
MEDICAL	1	1		43.31		43.31	.043		43.31		1.88
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	7CR		109.97CF	3	15.71	.304C	R	.00		4.78CR

0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
3	16	287.	64	17.98	.696	95.88	12.51
0	0	\$.	00 \$.00	.000	\$.00	\$.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
0	0		0.0	.00	.000	.00	.00
MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PAYMEN	r repor	T FOR JAN	2004 THRU 1	DEC 2004	PAGE 15,423
FEE-FOR-SERVICE/DENTAL							03/14/05
SUMMARY OF SERVICES FOR	IN HOME	SUPPORT - BLIND		AID CODE	28		
					MO	ONTHLY AVERA	GE
	FEE-FOR-SERVICE/DENTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 287. 0 0 0 \$.0 0 0 0 0	0 0 \$.00 \$	0	0	0

						MC)N.I.H	ILY AVERA	GE	
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	RES AVE	RAGE COST	UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	10 \$	1,096		109.70	.435	\$	219.40	\$	47.69
COMM HOSP INPATIENT TOTAL	1	0	876	.00	.00	.000		876.00		38.09
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0	876	.00	.00	.000		876.00		38.09
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	10	220	.98	22.10	.435		55.25		9.61
MEDICAL	1	1	43	.31	43.31	.043		43.31		1.88
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	7CR	109	.97CR	15.71	.304CF	₹	.00		4.78CR
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	16	287	.64	17.98	.696		95.88		12.51
@STATE HOSPITAL	0	0 \$.00 \$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	1	0 \$	657	.00 \$.00	.000	\$	657.00	\$	28.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	1	0	657	.00	.00	.000		657.00		28.57
@INTERMEDIATE CARE FACILDD	0	0 \$.00 \$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	9	\$	4,675.32	\$	519.48	.391	\$	519.48	\$	203.27
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	9		4,675.32		519.48	.391		519.48		203.27
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$	556.72	\$	139.18	.174	\$	185.57	\$	24.21
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	4		556.72		139.18	.174		185.57		24.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P7	AGE 15,424
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE					
							N	IONTI	HLY AVERA	،GE	

					MON	THLY AVERAG	E
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	629 \$	8,653.24	\$ 13.76	27.348 \$	961.47	\$ 376.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	560	3,965.30	7.08	24.348	495.66	172.40
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	8	560	3,965.30	7.08	24.348	495.66	172.40
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	67	4,661.86	69.58	2.913	665.98	202.69
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.087	26.08	1.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12	55 \$	7,161.59	\$ 130.21	2.391 \$	596.80	\$ 311.37

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

SONOMA COUNTY	SUMMARY OF SER	VICES FOR IN HOME SUP.	PORT - DISABLED	AID CODE	68		
					MON	THLY AVERAG	GE
796 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	761	44,348 \$	1,094,446.88	\$ 24.68	55.714 \$	1438.17	\$ 1374.93
@PHYSICIANS SERVICES	166	807 \$	30 , 857.53		1.014 \$	185.89	
OUTPATIENT VISITS	57	82	3,365.60	41.04	.103	59.05	4.23
OFFICE VISITS	38	53	1,582.58	29.86	.067	41.65	1.99
HOME VISITS	3	4	171.80	42.95	.005	57.27	.22
EMERGENCY ROOM	15	22	1,531.86	69.63	.028	102.12	1.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	79.36	26.45	.004	26.45	.10
INPATIENT VISITS	18	111	4,823.17	43.45	.139	267.95	6.06
HOSPITAL VISITS	18	109	4,579.97	42.02	.137	254.44	5.75
CRITICAL CARE	2	2	243.20	121.60	.003	121.60	.31
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	68	4,322.92	63.57	.085	480.32	5.43
PRINCIPAL SURGEON	6	8	2,772.88	346.61	.010	462.15	3.48
ASSISTANT SURGEON	1	1	297.84	297.84	.001	297.84	.37
ANESTHESIOLOGIST	4	59	1,252.20	21.22	.074	313.05	1.57
OUTPATIENT SURGERY	11	17	1,265.54	74.44	.021	115.05	1.59
PRINCIPAL SURGEON	10	11	1,090.13	99.10	.014	109.01	1.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	175.41	29.24	.008	175.41	.22
DIALYSIS	6	6	1,350.24	225.04	.008	225.04	1.70
PATHOLOGY	18	51	620.17	12.16	.064	34.45	.78

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03/14/05

RADIOLOGY	34	80		4,933.40		61.67	.101		145.10		6.20
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	166		4,387.19		26.43	.209		398.84		5.51
OTHER SERVICES/ALL X-OVERS	97	226		5,789.30		25.62	.284		59.68		7.27
@PHARMACY	631	21,497	\$	407,713.13	\$	18.97	27.006	\$	646.14	\$	512.20
PRESCRIPTION DRUGS	606	3,142		391,738.54		124.68	3.947		646.43		492.13
SNF/ICF	4	19		1,001.54		52.71	.024		250.39		1.26
OUTPATIENTS	603	3,123		390,737.00		125.12	3.923		647.99		490.88
MEDICAL SUPPLIES	111	18,355		15,974.59		.87	23.059		143.92		20.07
@DENTIST	16	55	\$	1,293.90	\$	23.53	.069	\$	80.87	\$	1.63
VISITS - DIAGNOSTIC	15	41		608.90		14.85	.052		40.59		.76
ORAL SURGERY	1	1		.00		.00	.001		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		.00		.00	.001		.00		.00
RESTORATIVE DENTISTRY	5	12		685.00		57.08	.015		137.00		.86
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PΖ	AGE 15,426
MOP024	FEE-FOR-SERVICE/DEN	NTAL									03/14/05
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SONOMA COUNTI	SOMMAKI OF SEK	AICES FOR IN HOME	3 DUE	FORT - DISABLED		AID CODE	00				
							M	ГИО	CHLY AVERA	GΕ	
796 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	12	40	\$	757.11	\$	18.93	.050	\$	63.09	\$.95
DIAGNOSTIC AND ANC. PROCED	4	4		177.94		44.49	.005		44.49		.22
EYE APPLIANCES	11	35		547.73		15.65	.044		49.79		.69
OTHER OPTOMETRIC SERVICES	1	1		31.44		31.44	.001		31.44		.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	25	\$	182.88	\$	7.32	.031	\$	20.32	\$.23
MEDICINE/INJECTIONS	1	1		18.00		18.00	.001		18.00		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	8	24		164.88		6.87	.030		20.61		.21
@HOME HEALTH AGENCY	23	4,979	\$	147,932.56	\$	29.71	6.255	\$	6431.85	\$	185.84
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110	472	\$	107,364.36	\$	227.47	.593	\$	976.04	\$	134.88
HOSP INPATIENT TOTAL	13	37		95,309.22		2575.92	.046		7331.48		119.74
HSC HOSPITALS	2	8		13,672.00		1709.00	.010		6836.00		17.18
NON-HSC HOSPITAL TOTAL	6	29		76,381.22		2633.84	.036		12730.20		95.96
ACCOMMODATIONS	6	29		16,013.76		552.20	.036		2668.96		20.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	29		16,013.76		552.20	.036		2668.96		20.12
ANCILLARIES	6	0		60,367.46		.00	.000		10061.24		75.84

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

SONOMA COUNTY

INPATIENT CROSSOVERS	6	0	5,256.00	.00	.000	876.00	6.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	435	12,055.14	27.71	.546	119.36	15.14
MEDICAL	23	33	1,366.86	41.42	.041	59.43	1.72
SURGERY	4	4	251.04	62.76	.005	62.76	.32
PATHOLOGY	37	133	1,359.24	10.22	.167	36.74	1.71
RADIOLOGY	18	26	3,986.46	153.33	.033	221.47	5.01
ROOM USE	25	37	1,442.42	38.98	.046	57.70	1.81
CROSSOVERS/ALL OTH OUTPTNT		202	3,649.12	18.06	.254	77.64	4.58
	1		-				
@COUNTY HOSPITAL TOTAL		1 \$	3.73	\$ 3.73	.001 \$		
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	3.73	3.73	.001	3.73	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ô	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	1	3.73	3.73	.001	3.73	.00
#CALIF DEPT OF HEALTH SERV	-	-	MONTH-OF-PAYMENT RE				PAGE 15,427
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT NE	SPORT FOR UAN	ZOO4 IIIKO DE	C 2004	03/14/05
SONOMA COUNTY	,	CES FOR IN HOME SU	IDDODE DICABLED	AID CODE	60		03/14/03
SONOMA COUNTY	SUMMARI OF SERVI	CES FOR IN HOME SC	JPPORI - DISABLED	AID CODE	MON	תוודע אזודים	CE.
706 BLIGIBLES	HOEDO	INITES OF SERVICE		317D3 CD COCH			
796 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.0000000000000000000000000000000000000	1.00	OR DAYS OF CARE	107 260 62	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	109	471 \$	107,360.63	\$ 227.94	.592 \$		•
COMM HOSP INPATIENT TOTAL	13	37	95,309.22	2575.92	.046	7331.48	119.74
HSC HOSPITALS	2	8	13,672.00	1709.00	.010	6836.00	17.18
NON-HSC HOSPITALS TOTAL	6	29	76,381.22	2633.84	.036	12730.20	95.96
ACCOMMODATIONS	6	29	16,013.76	552.20	.036	2668.96	20.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29	16,013.76	552.20	.036	2668.96	20.12
ANCILLARIES	6	0	60,367.46	.00	.000	10061.24	75.84
INPATIENT CROSSOVERS	6	0	5,256.00	.00	.000	876.00	6.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	434	12,051.41	27.77	.545	120.51	15.14
MEDICAL	2.2	33	1,366.86	41.42	.041	59.43	1.72
SURGERY	23	33		41.42	. U41		
PATHOLOGY	23 4						.32
	4	4	251.04	62.76	.005	62.76	.32 1.71
	4 37	4 133	251.04 1,359.24	62.76 10.22	.005 .167	62.76 36.74	1.71
RADIOLOGY	4 37 18	4 133 26	251.04 1,359.24 3,986.46	62.76 10.22 153.33	.005 .167 .033	62.76 36.74 221.47	1.71 5.01
RADIOLOGY ROOM USE	4 37 18 25	4 133 26 37	251.04 1,359.24 3,986.46 1,442.42	62.76 10.22 153.33 38.98	.005 .167 .033 .046	62.76 36.74 221.47 57.70	1.71 5.01 1.81
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	4 37 18 25 46	4 133 26 37 201	251.04 1,359.24 3,986.46 1,442.42 3,645.39	62.76 10.22 153.33 38.98 18.14	.005 .167 .033 .046 .253	62.76 36.74 221.47 57.70 79.25	1.71 5.01 1.81 4.58
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	4 37 18 25 46 0	4 133 26 37 201 0 \$	251.04 1,359.24 3,986.46 1,442.42 3,645.39	62.76 10.22 153.33 38.98 18.14 \$.00	.005 .167 .033 .046 .253	62.76 36.74 221.47 57.70 79.25 .00	1.71 5.01 1.81 4.58 \$.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	4 37 18 25 46 0	4 133 26 37 201 0 \$	251.04 1,359.24 3,986.46 1,442.42 3,645.39 .00	62.76 10.22 153.33 38.98 18.14 \$.00	.005 .167 .033 .046 .253 .000 \$	62.76 36.74 221.47 57.70 79.25 .00	1.71 5.01 1.81 4.58 \$.00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	4 37 18 25 46 0 0	4 133 26 37 201 0 \$ 0	251.04 1,359.24 3,986.46 1,442.42 3,645.39 .00 .00	62.76 10.22 153.33 38.98 18.14 \$.00 .00	.005 .167 .033 .046 .253 .000 \$	62.76 36.74 221.47 57.70 79.25 .00 .00	1.71 5.01 1.81 4.58 \$.00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	4 37 18 25 46 0 0 7	4 133 26 37 201 0 \$ 0 0 97 \$	251.04 1,359.24 3,986.46 1,442.42 3,645.39 .00 .00 .00 .22,038.20	62.76 10.22 153.33 38.98 18.14 \$.00 .00 .00 \$ 227.20	.005 .167 .033 .046 .253 .000 \$.000 .000	62.76 36.74 221.47 57.70 79.25 .00 .00 .00 3148.31	1.71 5.01 1.81 4.58 \$.00 .00 .00 \$ 27.69
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	4 37 18 25 46 0 0	4 133 26 37 201 0 \$ 0	251.04 1,359.24 3,986.46 1,442.42 3,645.39 .00 .00	62.76 10.22 153.33 38.98 18.14 \$.00 .00	.005 .167 .033 .046 .253 .000 \$	62.76 36.74 221.47 57.70 79.25 .00 .00	1.71 5.01 1.81 4.58 \$.00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	97		22,038.20		227.20	.122		3148.31		27.69
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	843	\$	25,469.03	\$	30.21	1.059	\$	4244.84	\$	32.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	843		25,469.03		30.21	1.059		4244.84		32.00
@REHABILITATION FACILITY	8	182	\$	2,598.47	\$	14.28	.229	\$	324.81	\$	3.26
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	8	182		2,598.47		14.28	.229		324.81		3.26
@LABORATORY FACILITY	19	118	\$	1,759.85	\$	14.91	.148	\$	92.62	\$	2.21
PATHOLOGY	19	118		1,759.85		14.91	.148		92.62		2.21
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	132	270	\$	17,055.13	\$	63.17	.339	\$	129.21	\$	21.43
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	132	270		17,055.13		63.17	.339		129.21		21.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 15,428
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	SUPPORT	- DISABLED		AID CODE	E 68				
							M	CNT	HLY AVERA	-	
706 FITCIBIES	HEEDE HIMTTE	OF SEDUTCE	T.	VDENITHIIDEC	7/1/17	DACE COST	ר וואודיים/סאי	S	COCT DED		COST DED

					MON	NTHLY AVERA	GE
796 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	176	14,963 \$	329,424.73	\$ 22.02	18.798	\$ 1871.73	\$ 413.85
DURABLE MED. EQUIP.	40	148	19,023.67	128.54	.186	475.59	23.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	29	4,920	16,404.76	3.33	6.181	565.68	20.61
AMBULANCES/AIR TRANS	14	146	3,071.99	21.04	.183	219.43	3.86
OTHER TRANS	14	4,766	11,582.69	2.43	5.987	827.34	14.55
OTHER SERVICES	2	8	1,750.08	218.76	.010	875.04	2.20
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	125	8,697.50	69.58	.157	1739.50	10.93
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	28	8 , 578	257,476.47	30.02	10.776	9195.59	323.46
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	200.68	11.15	.023	25.09	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	7	1,044.92	149.27	.009	522.46	1.31
PROSTHETICS	2	7	1,044.92	149.27	.009	522.46	1.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	5	66.35	13.27	.006	33.18	.08
SPEECH AND AUDIOLOGY	3	7	184.36	26.34	.009	61.45	.23
HOSPICE SERVICES	5	149	22,680.30	152.22	.187	4536.06	28.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	42	364.04	8.67	.053	121.35	.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	64	964	3,281.68	3.40	1.211	51.28	4.12
@CALIF. CHILDREN SERVICES*	25	583	\$ 20,680.96	\$ 35.47	.732 \$	827.24 \$	25.98
@XOVER EXCLUDING STATE HOSP**	154	2,219	\$ 20,045.95	\$ 9.03	2.788 \$	130.17 \$	25.18

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,429
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUPI	PORT - TOTAL		MO	ATTITIT V	7.777777	CE	
1,826 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MC			4GE	COST PER
1,020 ELIGIBLES	USERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY			ER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,608	87,494	\$	1,517,254.79	\$ 17.34	47.916		3.57	ċ	830.92
@PHYSICIANS SERVICES	293	1,140	\$		\$ 31.37	.624		2.07		19.59
OUTPATIENT VISITS	293 62	1,140 89	ې	3,678.45	41.33	.049		9.33	Ą	2.01
OFFICE VISITS	41	58		1,782.48	30.73	.032		3.48		.98
	3	4		171.80	42.95	.002		7.27		.09
HOME VISITS	3 17	24			42.95 68.53	.002		6.75		.90
EMERGENCY ROOM	1 /	0		1,644.81	.00	.013	9	.00		
PREVENTIVE CARE	0	0		.00						.00
OB VISITS/COMPRE PERI	-	3		.00	.00	.000	^	.00		.00
OTHER OUTPATIENT	3			79.36	26.45	.002		6.45		.04
INPATIENT VISITS	20	114		4,823.17	42.31	.062		1.16		2.64
HOSPITAL VISITS	20	112		4,579.97	40.89	.061		9.00		2.51
CRITICAL CARE	2	2		243.20	121.60	.001	12	1.60		.13
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	9	68		4,322.92	63.57	.037		0.32		2.37
PRINCIPAL SURGEON	6	8		2,772.88	346.61	.004		2.15		1.52
ASSISTANT SURGEON	1	1		297.84	297.84	.001		7.84		.16
ANESTHESIOLOGIST	4	59		1,252.20	21.22	.032		3.05		.69
OUTPATIENT SURGERY	11	17		1,265.54	74.44	.009		5.05		.69
PRINCIPAL SURGEON	10	11		1,090.13	99.10	.006	10	9.01		.60
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	1	6		175.41	29.24	.003		5.41		.10
DIALYSIS	6	6		1,350.24	225.04	.003		5.04		.74
PATHOLOGY	18	51		620.17	12.16	.028		4.45		.34
RADIOLOGY	36	82		4,948.89	60.35	.045	13	7.47		2.71
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	166		4,387.19	26.43	.091		8.84		2.40
OTHER SERVICES/ALL X-OVERS	218	547		10,369.49	18.96	.300		7.57		5.68
@PHARMACY	1,349	57 , 330	\$	•	\$ 11.03	31.396		8.63	\$	346.21
PRESCRIPTION DRUGS	1,287	6,504		599,762.55	92.21	3.562		6.02		328.46
SNF/ICF	20	124		6,298.90	50.80	.068	31	4.95		3.45
OUTPATIENTS	1,270	6,380		593 , 463.65	93.02	3.494	46	7.29		325.01
MEDICAL SUPPLIES	284	50 , 826		32,425.97	.64	27.835	11	4.18		17.76
@DENTIST	36	157	\$	4,102.90	\$ 26.13	.086		3.97	\$	2.25
VISITS - DIAGNOSTIC	31	107		1,397.90	13.06	.059	4	5.09		.77
ORAL SURGERY	2	7		322.00	46.00	.004	16	1.00		.18
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	1	1		118.00	118.00	.001	11	8.00		.06
ENDODONTICS	1	1		.00	.00	.001		.00		.00
RESTORATIVE DENTISTRY	10	25		1,389.00	55.56	.014	13	8.90		.76
PROSTHETICS	0	0		.00	.00	.000		.00		.00

DENTURES, STAYPLATES	4	16	876.00	54.75	.009	219.00	.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 15,430
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR IN HOME SU	PPORT - TOTAL				
					MO	NTHIV AVERAC	F

							M	CNO	HLY AVERA	GΕ	
1,826 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	}		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	15	48	\$	895.13	\$	18.65	.026	\$	59.68	\$.49
DIAGNOSTIC AND ANC. PROCED	4	4		177.94		44.49	.002		44.49		.10
EYE APPLIANCES	14	43		685.75		15.95	.024		48.98		.38
OTHER OPTOMETRIC SERVICES	1	1		31.44		31.44	.001		31.44		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	32	50	\$	374.67	\$	7.49	.027	\$	11.71	\$.21
MEDICINE/INJECTIONS	1	1		18.00		18.00	.001		18.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	31	49		356.67		7.28	.027		11.51		.20
@HOME HEALTH AGENCY	23	4,979	\$	147,932.56	\$	29.71	2.727	\$	6431.85	\$	81.01
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	190	730	\$	131,936.71	\$	180.74	.400	\$	694.40	\$	72.25
HOSP INPATIENT TOTAL	31	37		114,972.83		3107.37	.020		3708.80		62.96
HSC HOSPITALS	2	8		13,672.00		1709.00	.004		6836.00		7.49

NON-HSC HOSPITAL TOTAL	6	29		76,381.22	2633.84	.016	12730.20	41.83
ACCOMMODATIONS	6	29		16,013.76	552.20	.016	2668.96	8.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29		16,013.76	552.20	.016	2668.96	8.77
ANCILLARIES	6	0		60,367.46	.00	.000	10061.24	33.06
INPATIENT CROSSOVERS	24	0		24,919.61	.00	.000	1038.32	13.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	171	693		16,963.88	24.48	.380	99.20	9.29
MEDICAL	25	35		1,440.01	41.14	.019	57.60	.79
SURGERY	4	4		251.04	62.76	.002	62.76	.14
PATHOLOGY	37	126		1,249.27	9.91	.069	33.76	.68
RADIOLOGY	19	27		4,001.35	148.20	.015	210.60	2.19
ROOM USE	28	40		1,534.74	38.37	.022	54.81	.84
CROSSOVERS/ALL OTH OUTPTNT	114	461		8,487.47	18.41	.252	74.45	4.65
@COUNTY HOSPITAL TOTAL	1	1	\$	3.73	\$ 3.73	.001	\$ 3.73	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		3.73	3.73	.001	3.73	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		3.73	3.73	.001	3.73	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH	H-OF-PAYMENT REE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 15,431
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	SUPPORT	T - TOTAL				

BONOTHI COONTI	DOMINING OF DELIC	VICED FOR IN HORE	DOLL	01(1 1011111				
						MON	NTHLY AVERAG	GE
1,826 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	189	729	\$	131,932.98	\$ 180.98	.399	698.06	\$ 72.25
COMM HOSP INPATIENT TOTAL	31	37		114,972.83	3107.37	.020	3708.80	62.96
HSC HOSPITALS	2	8		13,672.00	1709.00	.004	6836.00	7.49
NON-HSC HOSPITALS TOTAL	6	29		76,381.22	2633.84	.016	12730.20	41.83
ACCOMMODATIONS	6	29		16,013.76	552.20	.016	2668.96	8.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	29		16,013.76	552.20	.016	2668.96	8.77
ANCILLARIES	6	0		60,367.46	.00	.000	10061.24	33.06
INPATIENT CROSSOVERS	24	0		24,919.61	.00	.000	1038.32	13.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	170	692		16,960.15	24.51	.379	99.77	9.29
MEDICAL	25	35		1,440.01	41.14	.019	57.60	.79
SURGERY	4	4		251.04	62.76	.002	62.76	.14
PATHOLOGY	37	126		1,249.27	9.91	.069	33.76	.68
RADIOLOGY	19	27		4,001.35	148.20	.015	210.60	2.19
ROOM USE	28	40		1,534.74	38.37	.022	54.81	.84

CROSSOVERS/ALL OTH OUTPINT	113	460		8,483.74		18.44	.252		75.08		4.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	28	409	Ś	85,246.45	Ś	208.43	.224	Ś	3044.52	Ś	46.68
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000		.00	'	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	28	409		85,246.45		208.43	.224		3044.52		46.68
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	S	.00	.000	Ś		Ś	.00
ICF DDH	0	0	Υ	.00	Y	.00	.000	۲	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2.3	861	Ġ	33,198.51	s	38.56	.472	Ś	1443.41	Ś	18.18
HOSPITAL BASED	0	0	Υ	.00	Y	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	23	861		33,198.51		38.56	.472		1443.41		18.18
@REHABILITATION FACILITY	8	182	\$	2,598.47	\$	14.28	.100	\$	324.81	Ċ	1.42
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	8	182		2,598.47		14.28	.100		324.81		1.42
@LABORATORY FACILITY	21	126	Ś	1,833.56	\$	14.55	.069	Ċ	87.31	Ċ	1.00
PATHOLOGY	21	126	Y	1,833.56	Ÿ	14.55	.069	Y	87.31	Y	1.00
XO AND OTHERS	0	0		.00		.00	.009		.00		.00
@ORGANIZED OUTPATIENT CLINIC	207	384	Ċ	26,480.54	\$	68.96	.210	ċ	127.93	Ċ	14.50
CLINIC CLINIC	207	0	۲	.00	Ą	.00	.000	۲	.00	۲	.00
SURGICENTER	2	2		408.88		204.44	.000		204.44		.22
	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	205	382				68.25			127.18		
RURAL HEALTH CLINIC			IDDG M	26,071.66	EDOD		.209	DEC		Б.	14.28
#CALIF DEPT OF HEALTH SERV			IRES M	ONTH-OF-PAYMENT R	ŒPOR:	T FOR JAN A	2004 THRU	DEC	2004	PA	AGE 15,432
MOP024	FEE-FOR-SERVICE			DODE							03/14/05
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR IN HOM	IE SUP	PORT - TOTAL				40 N T TT		C.E.	
1 006 FLIGTBIES	HORDO	INITES OF SERVICE			70 7 7 7 7				HLY AVERA		
1,826 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
0.1.1. 0.00000 DD0000000000	4.4.5	OR DAYS OF CAR		414 700 71		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	445	21,098	\$	414,700.71	\$	19.66	11.554	Ş	931.91	\$	227.11
DURABLE MED. EQUIP.	43	159		19,426.70		122.18	.087		451.78		10.64
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	4		149.19		37.30	.002		49.73		.08
MEDICAL TRANSPORTATION	76	8,385		32,679.37		3.90	4.592		429.99		17.90
AMBULANCES/AIR TRANS	14	146		3,071.99		21.04	.080		219.43		1.68

1,826 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	445	21,098 \$	414,700.71	\$ 19.66	11.554 \$	931.91	\$ 227.11
DURABLE MED. EQUIP.	43	159	19,426.70	122.18	.087	451.78	10.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4	149.19	37.30	.002	49.73	.08
MEDICAL TRANSPORTATION	76	8,385	32,679.37	3.90	4.592	429.99	17.90
AMBULANCES/AIR TRANS	14	146	3,071.99	21.04	.080	219.43	1.68
OTHER TRANS	60	8,225	27,851.39	3.39	4.504	464.19	15.25
OTHER SERVICES	3	14	1,755.99	125.43	.008	585.33	.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	25	334	23,250.16	69.61	.183	930.01	12.73
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	158	9 , 525	305,226.52	32.04	5.216	1931.81	167.16
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	34	366.40	10.78	.019	26.17	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	.60	.30	.001	.30	.00
PROSTHETIST/ORTHOTISTS	3	8	1,080.68	135.09	.004	360.23	.59
PROSTHETICS	3	8	1,080.68	135.09	.004	360.23	.59
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	10	152.44	15.24	.005	38.11	.08
SPEECH AND AUDIOLOGY	6	11	330.40	30.04	.006	55.07	.18

HOSPICE SERVICES	6	152	23,077.41	151.83	.083	3846.24	12.64
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	42	364.04	8.67	.023	121.35	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	164	2,432	8,596.80	3.53	1.332	52.42	4.71
@CALIF. CHILDREN SERVICES*	25	583	\$ 20,680.96	\$ 35.47	.319	\$ 827.24	\$ 11.33
@XOVER EXCLUDING STATE HOSP**	407	4,432	\$ 82,435.89	\$ 18.60	2.427	\$ 202.55	\$ 45.15

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,433
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

SONOMA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED					
00.000			_				NTHLY AVER	-	
22,360 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
- ·	16,729	376,602	\$	8,187,987.49	\$ 21.74	16.843			366.19
@PHYSICIANS SERVICES	3,006	10,959	\$		\$ 15.30	.490		Ş	7.50
OUTPATIENT VISITS	78	94		3,627.59	38.59	.004	46.51		.16
OFFICE VISITS	65	78		2,592.35	33.24	.003	39.88		.12
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	14	15		989.48	65.97	.001	70.68		.04
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1		45.76	45.76	.000	45.76		.00
INPATIENT VISITS	15	41		872.03	21.27	.002	58.14		.04
HOSPITAL VISITS	12	32		348.18	10.88	.001	29.02		.02
CRITICAL CARE	1	7		482.60	68.94	.000	482.60		.02
SNF/ICF/TRANS IP CARE	2	2		41.25	20.63	.000	20.63		.00
OPHTHALMOLOGICAL SERVICES	25	30		1,326.84	44.23	.001	53.07		.06
EXAMINATIONS	25	30		1,326.84	44.23	.001	53.07		.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	7	20		3,211.52	160.58	.001	458.79		.14
PRINCIPAL SURGEON	5	6		2,639.84	439.97	.000	527.97		.12
ASSISTANT SURGEON	1	1		207.00	207.00	.000	207.00		.01
ANESTHESIOLOGIST	2	13		364.68	28.05	.001	182.34		.02
OUTPATIENT SURGERY	11	18		3 , 477.88	193.22	.001	316.17		.16
PRINCIPAL SURGEON	10	12		3 , 254.56	271.21	.001	325.46		.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	6		223.32	37.22	.000	111.66		.01
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	15	22		283.14	12.87	.001	18.88		.01
RADIOLOGY	35	50		1,344.12	26.88	.002	38.40		.06
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	3	4		21.21	5.30	.000	7.07		.00
OTHER SERVICES/ALL X-OVERS	2,886	10,680		153,471.58	14.37	.478	53.18		6.86
@PHARMACY	14,211	276 , 819	\$		\$ 13.80	12.380	\$ 268.72	\$	170.79
PRESCRIPTION DRUGS	13,930	54,327		3,692,114.57	67.96	2.430	265.05		165.12
SNF/ICF	411	2,789		145,912.71	52.32	.125	355.02		6.53
OUTPATIENTS	13,541	51,538		3,546,201.86	68.81	2.305	261.89		158.60
MEDICAL SUPPLIES	1,643	222,492		126,698.85	.57	9.950	77.11		5.67
@DENTIST	656	2,394	\$	111,026.63	\$ 46.38	.107	\$ 169.25	\$	4.97
VISITS - DIAGNOSTIC	445	1,444		18,969.63	13.14	.065	42.63		.85
ORAL SURGERY	94	331		17,810.75	53.81	.015	189.48		.80

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	2	2	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	16	16	1,573.00	98.31	.001	98.31		.07
ENDODONTICS	9	13	3,295.00	253.46	.001	366.11		.15
RESTORATIVE DENTISTRY	120	224	14,437.50	64.45	.010	120.31		.65
PROSTHETICS	4	5	150.00	30.00	.000	37.50		.01
DENTURES, STAYPLATES	141	358	54,790.75	153.05	.016	388.59		2.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	8	1	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					F	AGE 15,434
MOP024	FEE-FOR-SERVICE						_	03/14/05
SONOMA COUNTY		VICES FOR PUBLIC ASS	SISTANCE - AGED					, ,
					MON'	THLY AVERA	GE	
22,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	369	1,116 \$	19,421.62	\$ 17.40	.050 \$	52.63	\$.87
DIAGNOSTIC AND ANC. PROCED	33	33	1,446.21	43.82	.001	43.82		.06
EYE APPLIANCES	325	1,000	16,498.03	16.50	.045	50.76		.74
OTHER OPTOMETRIC SERVICES	47	83	1,477.38	17.80	.004	31.43		.07
@CHIROPRACTOR	3	9 \$	142.12	\$ 15.79	.000 \$		\$.01
VISITS	1	6	91.96	15.33	.000	91.96		.00
OTHER SERVICES	2	3	50.16	16.72	.000	25.08		.00
@PODIATRIST	442	1,030 \$	8,780.27	\$ 8.52	.046 \$	19.86	\$.39
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	442	1,030	8,780.27	8.52	.046	19.86		.39
@HOME HEALTH AGENCY	1	1 \$	45.75	\$ 45.75	.000 \$	45.75	\$.00
NURSE ANESTHESIST	1	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	2,031	7,440 \$	1,227,038.64	\$ 164.92	.333 \$	604.15	\$	54.88
HOSP INPATIENT TOTAL	315	378	1,060,429.78	2805.37	.017	3366.44		47.43
HSC HOSPITALS	14	84	110,203.44	1311.95	.004	7871.67		4.93
NON-HSC HOSPITAL TOTAL	56	294	727,807.37	2475.54	.013	12996.56		32.55
ACCOMMODATIONS	56	294	235,812.46	802.08	.013	4210.94		10.55
ADMINISTRATIVE DAYS	2	4	728.83	182.21	.000	364.42		.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	55	290	235,083.63	810.63	.013	4274.25		10.51
ANCILLARIES	56	0	491,994.91	.00	.000	8785.62		22.00
INPATIENT CROSSOVERS	246	0	222,418.97	.00	.000	904.14		9.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,819	7,062	166,608.86	23.59	.316	91.59		7.45
MEDICAL	145	182	5,214.40	28.65	.008	35.96		.23
SURGERY	13	14	683.54	48.82	.001	52.58		.03
DAMILOT OCA	4.2	1.00	1 0 6 7 0 7	11 52	007	12 11		0.0

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\$

6,592

43

24

63

2

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0

1,657

PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

1,867.97

2,755.13 3,003.92

302.78

.00

.00

153,083.90

11.53

78.72

39.01

23.22

75.70

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43.44

47.68

92.39

151.39 \$

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114.80

.08

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.13

6.85

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.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	302.78	75.70	.000	151.39	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	231.40	115.70	.000	115.70	.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	71.38	35.69	.000	35.69	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 15,435
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASS	ISTANCE - AGED				
					MO	NTHLY AVERA	GE
22,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,029	7 , 436 \$	1,226,735.86	\$ 164.97	.333	\$ 604.60	\$ 54.86
COMM HOSP INPATIENT TOTAL	315	378	1,060,429.78	2805.37	.017	3366.44	47.43
HSC HOSPITALS	14	84	110,203.44	1311.95	.004	7871.67	4.93
NON-HSC HOSPITALS TOTAL	56	294	727,807.37	2475.54	.013	12996.56	32.55
ACCOMMODATIONS	56	294	235,812.46	802.08	.013	4210.94	10.55
ADMINISTRATIVE DAYS	2	4	728.83	182.21	.000	364.42	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	55	290	235,083.63	810.63	.013	4274.25	10.51
ANCILLARIES	56	0	491,994.91	.00	.000	8785.62	22.00
INPATIENT CROSSOVERS	246	0	222,418.97	.00	.000	904.14	9.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1,817	7,058		166,306.08		23.56	.316		91.53		7.44
MEDICAL	145	182		5,214.40		28.65	.008		35.96		.23
SURGERY	11	12		452.14		37.68	.001		41.10		.02
PATHOLOGY	43	162		1,867.97		11.53			43.44		.08
RADIOLOGY	24	35		2,755.13		78.72	.002		114.80		.12
ROOM USE	61	75		2,932.54		39.10	.003		48.07		.13
CROSSOVERS/ALL OTH OUTPINT	1,657	6 , 592		153,083.90		23.22	.295		92.39		6.85
@STATE HOSPITAL	23	731	\$	369,115.94	\$.033	\$	16048.52	\$	16.51
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	23	731		369,115.94		504.95	.033		16048.52		16.51
@NURSING FACILITY	464	9,810	\$	1,600,161.25	\$	163.12	.439	\$	3448.62	\$	71.56
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	6	140		17,524.60		125.18	.006		2920.77		.78
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	458	9 , 670		1,582,636.65		163.66	.432		3455.54		70.78
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	64	94	\$	49,294.63	\$	524.41	.004	\$	770.23	\$	2.20
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	64	94		49,294.63		524.41	.004		770.23		2.20
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	64	113	\$	1,273.36	\$	11.27	.005	\$	19.90	\$.06
PATHOLOGY	56	89		1,132.27		12.72	.004		20.22		.05
XO AND OTHERS	8	24		141.09		5.88	.001		17.64		.01
@ORGANIZED OUTPATIENT CLINIC	1,659	2,737	\$	139,332.93	\$.122	\$	83.99	\$	6.23
CLINIC	2	2		49.27		24.64	.000		24.64		.00
SURGICENTER	62	70		12,757.03		182.24	.003		205.76		.57
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,599	2,665		126,526.63		47.48	.119		79.13		5.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES	MONTH-OF-PAYMENT I	REPOR'	r for Jan	2004 THRU	DEC	2004	PI	AGE 15,436
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES F	OR PUBLIC	C ASS	SISTANCE - AGED							
							M	ONT	HLY AVERA	.GE -	
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22,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,798	63 , 349 \$	675 , 905.02	\$ 10.67	2.833 \$	241.57	\$ 30.23
DURABLE MED. EQUIP.	104	301	48,446.88	160.95	.013	465.84	2.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	72	113	17,701.96	156.65	.005	245.86	.79
MEDICAL TRANSPORTATION	181	6,117	32,310.35	5.28	.274	178.51	1.45
AMBULANCES/AIR TRANS	9	117	1,161.41	9.93	.005	129.05	.05
OTHER TRANS	139	5,932	30,638.02	5.16	.265	220.42	1.37
OTHER SERVICES	34	68	510.92	7.51	.003	15.03	.02
ACUPUNCTURE	39	109	1,936.58	17.77	.005	49.66	.09
ADULT DAY HEALTH CARE CTR	62	760	52,915.60	69.63	.034	853.48	2.37
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	814	4,961	296,737.66	59.81	.222	364.54	13.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	387	909	10,833.60	11.92	.041	27.99	.48
PHYSICAL THERAPIST	1	4	2.81	.70	.000	2.81	.00

24	38		24.03		.63	.002		1.00		.00
2	2		40.86		20.43	.000		20.43		.00
2	2		40.86		20.43	.000		20.43		.00
0	0		.00		.00	.000		.00		.00
6	18		226.11		12.56	.001		37.69		.01
98	204		14,545.45		71.30	.009		148.42		.65
51	1,103		145,720.94		132.11	.049		2857.27		6.52
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1,380	48,710		54,462.19		1.12	2.178		39.47		2.44
3	3	\$	105.00	\$	35.00	.000	\$	35.00	\$.00
5,545	36 , 785	\$	898,726.61	\$	24.43	1.645	\$	162.08	\$	40.19
	2 2 0 6 98 51 0 0 0 0 0 1,380 3	2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 2 40.86 2 2 40.86 0 0 .00 6 18 226.11 98 204 14,545.45 51 1,103 145,720.94 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1,380 48,710 54,462.19 3 \$ 105.00	2 2 40.86 2 2 40.86 0 0 0 .00 6 18 226.11 98 204 14,545.45 51 1,103 145,720.94 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1,380 48,710 54,462.19 3 \$ 105.00 \$	2 2 40.86 20.43 2 2 40.86 20.43 0 0 .00 .00 6 18 226.11 12.56 98 204 14,545.45 71.30 51 1,103 145,720.94 132.11 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 1,380 48,710 54,462.19 1.12 3 3 105.00 \$ 35.00	2 2 40.86 20.43 .000 2 2 40.86 20.43 .000 0 0 .00 .00 .000 6 18 226.11 12.56 .001 98 204 14,545.45 71.30 .009 51 1,103 145,720.94 132.11 .049 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 1,380 48,710 54,462.19 1.12 2.178	2 2 40.86 20.43 .000 2 2 40.86 20.43 .000 0 0 .00 .00 .000 6 18 226.11 12.56 .001 98 204 14,545.45 71.30 .009 51 1,103 145,720.94 132.11 .049 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 1,380 48,710 54,462.19 1.12 2.178 3 \$ 105.00 \$ 35.00 .000	2 2 40.86 20.43 .000 20.43 2 2 40.86 20.43 .000 20.43 0 0 .00 .00 .000 .00 6 18 226.11 12.56 .001 37.69 98 204 14,545.45 71.30 .009 148.42 51 1,103 145,720.94 132.11 .049 2857.27 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00	2 2 40.86 20.43 .000 20.43 2 2 40.86 20.43 .000 20.43 0 0 .00 .00 .000 .00 6 18 226.11 12.56 .001 37.69 98 204 14,545.45 71.30 .009 148.42 51 1,103 145,720.94 132.11 .049 2857.27 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 1,380 <td< td=""></td<>

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,437 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	MONTHLY AVERAGE					GE	
2,539 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,854	89,118 \$	1,776,211.16	\$ 19.93	35.100 \$	958.04	\$ 699.57
@PHYSICIANS SERVICES	486	1,511 \$	52,449.17	\$ 34.71	.595 \$	107.92	\$ 20.66
OUTPATIENT VISITS	199	330	12,624.54	38.26	.130	63.44	4.97
OFFICE VISITS	160	240	6,781.61	28.26	.095	42.39	2.67
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01
EMERGENCY ROOM	57	80	5,534.51	69.18	.032	97.10	2.18
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	8	230.27	28.78	.003	25.59	.09
INPATIENT VISITS	27	115	4,738.04	41.20	.045	175.48	1.87
HOSPITAL VISITS	27	112	4,373.24	39.05	.044	161.97	1.72
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	23	27	1,230.12	45.56	.011	53.48	.48
EXAMINATIONS	23	27	1,230.12	45.56	.011	53.48	.48
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	67	5 , 539.00	82.67	.026	553.90	2.18
PRINCIPAL SURGEON	6	10	3 , 967.23	396.72	.004	661.21	1.56
ASSISTANT SURGEON	1	2	336.36	168.18	.001	336.36	.13
ANESTHESIOLOGIST	5	55	1,235.41	22.46	.022	247.08	.49
OUTPATIENT SURGERY	29	100	8,680.58	86.81	.039	299.33	3.42
PRINCIPAL SURGEON	18	21	6 , 350.56	302.41	.008	352.81	2.50
ASSISTANT SURGEON	2	2	201.79	100.90	.001	100.90	.08
ANESTHESIOLOGIST	10	77	2,128.23	27.64	.030	212.82	.84
DIALYSIS	4	8	355.33	44.42	.003	88.83	.14
PATHOLOGY	27	74	1,028.37	13.90	.029	38.09	.41
RADIOLOGY	64	103	4,591.10	44.57	.041	71.74	1.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	17	172.29	10.13	.007	24.61	.07
OTHER SERVICES/ALL X-OVERS	257	670	13,489.80	20.13	.264	52.49	5.31
@PHARMACY	1,457	46,556 \$	571,105.61		18.336 \$		•
PRESCRIPTION DRUGS	1,412	6,103	525,904.46	86.17	2.404	372.45	207.13

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	26	163		7,117.38		43.66	.064		273.75		2.80
OUTPATIENTS	1,388	5 , 940		518 , 787.08		87.34	2.340		373.77		204.33
MEDICAL SUPPLIES	265	40,453		45,201.15		1.12	15.933		170.57		17.80
@DENTIST	77	427	\$	12,377.70	\$	28.99	.168	\$	160.75	\$	4.88
VISITS - DIAGNOSTIC	64	262		3,535.00		13.49	.103		55.23		1.39
ORAL SURGERY	12	57		2,841.00		49.84	.022		236.75		1.12
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	4	6		406.50		67.75	.002		101.63		.16
ENDODONTICS	3	6		426.00		71.00	.002		142.00		.17
RESTORATIVE DENTISTRY	23	79		3,609.20		45.69	.031		156.92		1.42
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	5	10		1,495.00		149.50	.004		299.00		.59
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000		35.00		.01
ALL OTHER SERVICES	3	5		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 15,438
MOP024	FEE-FOR-SERVICE/DEN	NTAL									03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

SONOMA COUNTI	SUMMAKI OF SEK	AICES LOK LODII	C ASSIS	TANCE - BLIND			M	ONIT	מסשנות עדשי	CF	
2,539 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	7/17/17	DACE COST	UNITS/DAY		COST PER		COST PER
Z, SS9 EDIGIBLES	OSEKS	OR DAYS OF CA		EXPENDITORES		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	23	70	\$	2,835.67	\$	40.51	.028		123.29		1.12
DIAGNOSTIC AND ANC. PROCED	8	8	Υ	399.25	۲	49.91	.003	۲	49.91	٧	.16
EYE APPLIANCES	19	58		2,221.94		38.31	.023		116.94		.88
OTHER OPTOMETRIC SERVICES	2	4		214.48		53.62	.002		107.24		.08
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	Ś	16.72	Ś	.01
VISITS	0	0	т	.00	т	.00	.000	т	.00	т	.00
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.01
@PODIATRIST	64	137	\$	991.40	\$	7.24	.054	Ś		Ś	.39
MEDICINE/INJECTIONS	10	13	т.	378.40	4	29.11	.005	-1	37.84	7	.15
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	54	124		613.00		4.94	.049		11.35		.24
@HOME HEALTH AGENCY	17	2,016	\$	60,076.26	\$	29.80	.794	\$	3533.90	\$	23.66
NURSE ANESTHESIST	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	370	2,628	\$	280,979.78	\$	106.92	1.035	\$	759.40	\$	110.67
HOSP INPATIENT TOTAL	45	91		227,742.30		2502.66	.036		5060.94		89.70
HSC HOSPITALS	3	6		9,716.17		1619.36	.002		3238.72		3.83
NON-HSC HOSPITAL TOTAL	20	85		199,075.11	2	2342.06	.033		9953.76		78.41
ACCOMMODATIONS	20	85		49,338.03		580.45	.033		2466.90		19.43
ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.004		2313.00		.91
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	75		47,025.03		627.00	.030		2351.25		18.52
ANCILLARIES	20	0		149,737.08		.00	.000		7486.85		58.97
INPATIENT CROSSOVERS	22	0		18,951.02		.00	.000		861.41		7.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	341	2 , 537		53,237.48		20.98	.999		156.12		20.97
MEDICAL	99	148		5,806.10		39.23	.058		58.65		2.29
SURGERY	24	27		1,696.11		62.82	.011		70.67		.67
PATHOLOGY	104	586		6,199.96		10.58	.231		59.62		2.44

RADIOLOGY	51	69	4,312.90	62.51	.027	84.57	1.70
ROOM USE	128	192	7,124.62	37.11	.076	55.66	2.81
CROSSOVERS/ALL OTH OUTPTNT	193	1,515	28,097.79	18.55	.597	145.58	11.07
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	2004	PAGE 15,439
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SISTANCE - BLIND				

SUNUMA COUNTI	SUMMARI OF SER	VICES FOR PUBLIC	ASSIS	STANCE - BLIND				
							NTHLY AVERA	
2,539 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	370	2,628	\$	280 , 979.78	\$ 106.92	1.035		
COMM HOSP INPATIENT TOTAL	45	91		227,742.30	2502.66	.036	5060.94	89.70
HSC HOSPITALS	3	6		9,716.17	1619.36	.002	3238.72	3.83
NON-HSC HOSPITALS TOTAL	20	85		199,075.11	2342.06	.033	9953.76	78.41
ACCOMMODATIONS	20	85		49,338.03	580.45	.033	2466.90	19.43
ADMINISTRATIVE DAYS	1	10		2,313.00	231.30	.004	2313.00	.91
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	75		47,025.03	627.00	.030	2351.25	18.52
ANCILLARIES	20	0		149,737.08	.00	.000	7486.85	58.97
INPATIENT CROSSOVERS	22	0		18,951.02	.00	.000	861.41	7.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	341	2,537		53,237.48	20.98	.999	156.12	20.97
MEDICAL	99	148		5,806.10	39.23	.058	58.65	2.29
SURGERY	24	2.7		1,696.11	62.82	.011	70.67	.67
PATHOLOGY	104	586		-,	10.58	.231	59.62	2.44
RADIOLOGY	51	69		4,312.90	62.51	.027	84.57	1.70
ROOM USE	128	192		7,124.62	37.11	.076	55.66	2.81
CROSSOVERS/ALL OTH OUTPTNT	193	1 , 515		28 , 097.79	18.55	.597	145.58	11.07
@STATE HOSPITAL	24	731	\$	379,245.25	\$ 518.80	.288	\$ 15801.89	\$ 149.37
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	24	731		379,245.25	518.80	.288	15801.89	149.37
@NURSING FACILITY	29	642	\$	105,554.60	\$ 164.42		\$ 3639.81	\$ 41.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	29	642		105,554.60	164.42	.253	3639.81	41.57
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	59	1,056	\$	118,225.19	\$	111.96	.416	\$	2003.82	\$	46.56
HOSPITAL BASED	7	156		63,539.66		407.31	.061		9077.09		25.03
HEMODIALYSIS CENTER	52	900		54,685.53		60.76	.354		1051.64		21.54
@REHABILITATION FACILITY	22	247	\$	3 , 583.85	\$	14.51	.097	\$	162.90	\$	1.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	22	247		3,583.85		14.51	.097		162.90		1.41
@LABORATORY FACILITY	44	269	\$	3,180.50	\$	11.82	.106	\$	72.28	\$	1.25
PATHOLOGY	43	267		3,162.85		11.85	.105		73.55		1.25
XO AND OTHERS	1	2		17.65		8.83	.001		17.65		.01
@ORGANIZED OUTPATIENT CLINIC	137	213	\$	18,734.96	\$	87.96	.084	\$	136.75	\$	7.38
CLINIC	4	9		551.42		61.27	.004		137.86		.22
SURGICENTER	3	3		453.88		151.29	.001		151.29		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	131	201		17,729.66		88.21	.079		135.34		6.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 15,440
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							M	ONT	HLY AVERA	GE.	
2,539 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	₹.		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	391	32,614	\$	166,854.50	\$		12.845	\$	426.74	\$	65.72
DURABLE MED. EQUIP.	66	218		34,481.39		158.17	.086		522.45		13.58
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		551.31		551.31	.000		551.31		.22
MEDICAL TRANSPORTATION	88	15,419		49,245.19		3.19	6.073		559.60		19.40
AMBULANCES/AIR TRANS	25	142		3,147.24		22.16	.056		125.89		1.24
OTHER TRANS	62	15,276		46,070.34		3.02	6.017		743.07		18.15
OTHER SERVICES	1	1		27.61		27.61	.000		27.61		.01
ACUPUNCTURE	4	14		248.70		17.76	.006		62.18		.10

ADULT DAY HEALTH CARE CTR	14	121	8,419.18	69.58	.048	601.37	3.32
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	51	229	18,416.91	80.42	.090	361.12	7.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	36	90	1,938.90	21.54	.035	53.86	.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	45	10,666.53	237.03	.018	820.50	4.20
PROSTHETICS	13	45	10,666.53	237.03	.018	820.50	4.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	23	669.81	29.12	.009	167.45	.26
SPEECH AND AUDIOLOGY	7	12	1,839.25	153.27	.005	262.75	.72
HOSPICE SERVICES	1	112	16,740.64	149.47	.044	16740.64	6.59
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	57	1,125	11,853.98	10.54	.443	207.96	4.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	136	15,204	11,677.71	.77	5.988	85.87	4.60
@CALIF. CHILDREN SERVICES*	102	5,550	\$ 204,014.11	\$ 36.76	2.186	\$ 2000.14	\$ 80.35
@XOVER EXCLUDING STATE HOSP**	410	6,228	\$ 105,593.74	\$ 16.95	2.453	\$ 257.55	\$ 41.59

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,441 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MC	HTNC	LY AVERA	GE ·	
99,308 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	81,080	1,781,323	\$ 95,377,138.76	\$ 53.54	17.937	\$	1176.33	\$	960.42
@PHYSICIANS SERVICES	19 , 674	102,635	\$ 2,906,266.77	\$ 28.32	1.034	\$	147.72	\$	29.27
OUTPATIENT VISITS	8,804	12,708	526,824.25	41.46	.128		59.84		5.30
OFFICE VISITS	5,156	6,890	219,205.64	31.82	.069		42.51		2.21
HOME VISITS	122	158	8,826.00	55.86	.002		72.34		.09
EMERGENCY ROOM	3 , 386	4,794	275,208.04	57.41	.048		81.28		2.77
PREVENTIVE CARE	15	15	620.84	41.39	.000		41.39		.01
OB VISITS/COMPRE PERI	19	33	2,323.33	70.40	.000		122.28		.02
OTHER OUTPATIENT	705	818	20,640.40	25.23	.008		29.28		.21
INPATIENT VISITS	1,535	6 , 762	337,256.06	49.88	.068		219.71		3.40
HOSPITAL VISITS	1,144	5 , 534	249,396.08	45.07	.056		218.00		2.51
CRITICAL CARE	172	562	66,807.68	118.87	.006		388.42		.67
SNF/ICF/TRANS IP CARE	370	666	21,052.30	31.61	.007		56.90		.21
OPHTHALMOLOGICAL SERVICES	524	684	27 , 919.71	40.82	.007		53.28		.28
EXAMINATIONS	523	683	27 , 852.57	40.78	.007		53.26		.28
SERVICES AND MATERIALS	1	1	67.14	67.14	.000		67.14		.00
INPATIENT HOSPITAL SURGERY	582	3 , 757	299,592.43	79.74	.038		514.76		3.02
PRINCIPAL SURGEON	410	615	224,592.10	365.19	.006		547.79		2.26
ASSISTANT SURGEON	38	38	8,136.26	214.11	.000		214.11		.08
ANESTHESIOLOGIST	236	3,104	66,864.07	21.54	.031		283.32		.67
OUTPATIENT SURGERY	1,471	4,194	293 , 111.86	69.89	.042		199.26		2.95
PRINCIPAL SURGEON	1,190	1 , 577	237,109.72	150.35	.016		199.25		2.39
ASSISTANT SURGEON	9	9	1,037.11	115.23	.000		115.23		.01
ANESTHESIOLOGIST	363	2,608	54,965.03	21.08	.026		151.42		.55
DIALYSIS	159	206	36,769.17	178.49	.002		231.25		.37
PATHOLOGY	1,282	3,453	54,545.00	15.80	.035		42.55		.55

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	4,603	8 , 827		418,113.63		47.37	.089		90.84		4.21
PSYCHIATRY	6	7		205.28		29.33	.000		34.21		.00
IMMUNIZATION AND INJECTION	473	6,167		330,804.55		53.64	.062		699.38		3.33
OTHER SERVICES/ALL X-OVERS	7,784	55 , 870		581,124.83		10.40	.563		74.66		5.85
@PHARMACY	62,864	905,648	\$	29,441,596.07	\$	32.51	9.120	\$	468.34	\$	296.47
PRESCRIPTION DRUGS	61,908	281,767		28,769,667.55		102.10	2.837		464.72		289.70
SNF/ICF	1,804	13,096		1,301,499.69		99.38	.132		721.45		13.11
OUTPATIENTS	60,242	268,671		27,468,167.86		102.24	2.705		455.96		276.60
MEDICAL SUPPLIES	5 , 572	623 , 881		671 , 928.52		1.08	6.282		120.59		6.77
@DENTIST	4,577	19,009	\$	681,692.55	\$	35.86	.191	\$	148.94	\$	6.86
VISITS - DIAGNOSTIC	3,256	11 , 987		160,571.96		13.40	.121		49.32		1.62
ORAL SURGERY	725	2,088		122,146.75		58.50	.021		168.48		1.23
DRUGS	10	12		125.00		10.42	.000		12.50		.00
ANESTHESIA	25	25		2,100.00		84.00	.000		84.00		.02
PERIODONTICS	199	230		23,957.00		104.16	.002		120.39		.24
ENDODONTICS	169	238		46,779.25		196.55	.002		276.80		.47
RESTORATIVE DENTISTRY	1,191	3,037		170,327.25		56.08	.031		143.01		1.72
PROSTHETICS	37	41		910.00		22.20	.000		24.59		.01
DENTURES, STAYPLATES	407	1,157		150,043.62		129.68	.012		368.66		1.51
SPACE MAINTAINERS	2	2		240.00		120.00	.000		120.00		.00
MAXILLOFACIAL SERVICES	11	15		1,545.47		103.03	.000		140.50		.02
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	41	69		2,800.00		40.58	.001		68.29		.03
ALL OTHER SERVICES	93	107		146.25		1.37	.001		1.57		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	EPOR'	r for jan	2004 THRU	DEC	2004	P	AGE 15,442
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05

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00 000			_		 			THLY AVERA	-	
99,308 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST	/	-	COST PER		COST PER
_		OR DAYS OF CAR			R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2,072	6,241	\$	125,468.42	\$.063	Ş		Ş	1.26
DIAGNOSTIC AND ANC. PROCED	786	848		35 , 860.57	42.29	.009		45.62		.36
EYE APPLIANCES	1,714	5 , 155		81 , 887.67	15.89	.052		47.78		.82
OTHER OPTOMETRIC SERVICES	161	238		7,720.18	32.44	.002		47.95		.08
@CHIROPRACTOR	208	542	\$	· , · · · ·	\$.005	\$		\$.09
VISITS	190	507		8,381.07	16.53	.005		44.11		.08
OTHER SERVICES	18	35		419.70	11.99	.000		23.32		.00
@PODIATRIST	1,111	1 , 987	\$	24,017.63	\$ 12.09	.020	\$	21.62	\$.24
MEDICINE/INJECTIONS	257	323		8,328.33	25.78	.003		32.41		.08
SURGERY/ANES.	14	16		1,285.98	80.37	.000		91.86		.01
RADIO./PATHOLOGY	5	5		100.34	20.07	.000		20.07		.00
OTHER	845	1,643		14,302.98	8.71	.017		16.93		.14
@HOME HEALTH AGENCY	412	17 , 538	\$	576,506.34	\$ 32.87	.177	\$	1399.29	\$	5.81
NURSE ANESTHESIST	2	7	\$	234.83	\$ 33.55	.000	\$	117.42	\$.00
NURSE MIDWIFE	65	407	\$	7,437.32	\$ 18.27	.004	\$	114.42	\$.07
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	13	15	\$	456.07	\$ 30.40	.000	\$	35.08	\$.00
@TOTAL HOSPITAL	17 , 715	89 , 437	\$	14,386,629.30	\$ 160.86	.901	\$	812.12	\$	144.87
HOSP INPATIENT TOTAL	1,434	5 , 783		12,015,216.43	2077.68	.058		8378.81		120.99
HSC HOSPITALS	190	1,304		1,981,275.64	1519.38	.013		10427.77		19.95
NON-HSC HOSPITAL TOTAL	723	4,479		9,470,838.15	2114.50	.045		13099.36		95.37
ACCOMMODATIONS	721	4,479		2,685,131.16	599.49	.045		3724.18		27.04
ADMINISTRATIVE DAYS	14	241		49,671.68	206.11	.002		3547.98		.50
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	709	4,238		2,635,459.48	621.86	.043		3717.15		26.54
ANCILLARIES	723	0		6,785,706.99	.00	.000		9385.49		68.33

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

SONOMA COUNTY

INPATIENT CROSSOVERS	553	0	563,102.64	.00	.000	1018.27	5.67
ALL OTHER INPATIENT	0	0					
ALL OTHER INPATIENT	16,909	83,654	.00	.00	.000	.00	
			2,371,412.87	28.35	.842	140.25	23.88
MEDICAL	6,384	10,411	384,945.56	36.97	.105	60.30	3.88
SURGERY	1,354	1,535	75,057.36	48.90	.015	55.43	.76
PATHOLOGY	5,152	23 , 252	289,758.26	12.46	.234	56.24 135.70	2.92
RADIOLOGY	3,422	5,171	464,367.63	89.80	.052	135.70	4.68
ROOM USE	8,326	12,334	466,853.97	37.85	.124	56.07	4.70
CROSSOVERS/ALL OTH OUTPTNT		30,951	690,430.09	22.31	.312	92.18	6.95
	7,490	•	57,700.47	22.31	. 512		
@COUNTY HOSPITAL TOTAL	75	357 \$				\$ 769.34	
CO HOSPITAL INPATIENT TOTAL	13	49	49,285.83	1005.83	.000	3791.22	.50
HSC HOSPITALS	13	37	43,198.00	1167.51	.000	3322.92	
NON-HSC HOSPITALS TOTAL	2	12	6,087.83	507.32	.000	3043.92	.06
ACCOMMODATIONS	2	12	2,775.60	231.30	.000	1387.80	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	0.0	0.0	.000	.00	.00
ALL OTHER ACCOM	2	1 2	2 775 60	231.30	.000	1387.80	.03
	2	12 0				1307.00	
ANCILLARIES	2	U	3,312.23	.00	.000	1656.12	.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	65	49 37 12 12 0 0 0 12 0 0 0 308 37	8,414.64	27.32 32.64	.003	129.46 52.51	.08
MEDICAL	23	37	1,207.72	32.64	.000	52.51	.01
SURGERY	6	6 127	474.71	79.12	.000	79.12	.00
PATHOLOGY	22	127		18.15	.001	79.12 104.76	.02
RADIOLOGY	10	17	940.17	55.30	.000	94.02	.01
	42	67		40.05		63.89	.03
ROOM USE			2,683.47		.001		
CROSSOVERS/ALL OTH OUTPTNT		54	803.85	14.89	.001	26.80	.01
		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 15,443
MOP024	FEE-FOR-SERVICE	!/DENTAL					03/11/05
							03/14/05
SONOMA COUNTY		ICES FOR PUBLIC ASSI	STANCE - DISABLED				03/14/03
			STANCE - DISABLED		MC	ONTHLY AVERA	
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC ASSI UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	GE COST PER
SONOMA COUNTY 99,308 ELIGIBLES	SUMMARY OF SERV	VICES FOR PUBLIC ASSI UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER USER	GE COST PER ELIGIBLE
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 17,661	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$	EXPENDITURES 14,328,928.83	AVERAGE COST PER UNIT/DAY \$ 160.85	UNITS/DAYS PER ELIG .897	COST PER USER \$ 811.33	GE COST PER ELIGIBLE \$ 144.29
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 17,661 1,421	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734	EXPENDITURES 14,328,928.83 11,965,930.60	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84	UNITS/DAYS PER ELIG .897 .058	S COST PER USER \$ 811.33 8420.78	GE COST PER ELIGIBLE \$ 144.29 120.49
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 17,661 1,421 177	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267	EXPENDITURES 14,328,928.83 11,965,930.60	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84	UNITS/DAYS PER ELIG .897 .058	S COST PER USER \$ 811.33 8420.78 10949.59	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 17,661 1,421 177	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82	UNITS/DAYS PER ELIG .897 .058 .013 .045	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 17,661 1,421 177	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82	UNITS/DAYS PER ELIG .897 .058 .013 .045	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 17,661 1,421 177 721 719 14	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11	UNITS/DAYS PER ELIG .897 .058 .013 .045	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 17,661 1,421 177 721 719 14	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82	UNITS/DAYS PER ELIG .897 .058 .013 .045	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01
SONOMA COUNTY 99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 17,661 1,421 177	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 17,661 1,421 177 721 719 14 0 707	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 17,661 1,421 177 721 719 14 0 707	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 17,661 1,421 177 721 719 14 0 707 721 553	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 17,661 1,421 177 721 719 14 0 707 721 553	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27	COST PER ELIGIBLE \$ 144.29
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 0 83,346	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 0 83,346 10,374	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .000	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99 48.78	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .000 .000 .839 .104 .015	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 0 83,346 10,374	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .000	S COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99 48.78	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .000 .000 .839 .104 .015	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 28.35 36.99 48.78 12.43 89.92	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .839 .104 .015 .233	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414 8,297	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125 5,154 12,267	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46 464,170.50	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99 48.78 12.43 89.92 37.84	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .839 .104 .015 .233 .052 .124	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97 135.74 55.94	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89 4.67 4.67
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414 8,297 7,464	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125 5,154 12,267 30,897	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46 464,170.50 689,626.24	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99 48.78 12.43 89.92 37.84 22.32	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .839 .104 .015 .233 .052 .124 .311	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97 135.74 55.94 92.39	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89 4.67 4.67 6.94
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414 8,297 7,464 1,918	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125 5,154 12,267 30,897 59,552 \$	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46 464,170.50 689,626.24 32,325,654.69	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 28.35 36.99 48.78 12.43 89.92 37.84 22.32 \$ 542.81	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .000 .839 .104 .015 .233 .052 .124 .311 .600	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97 135.74 55.94 92.39 \$ 16853.83	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89 4.67 4.67 4.67 6.94 \$ 325.51
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414 8,297 7,464 1,918 0	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125 5,154 12,267 30,897 59,552 \$ 0	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46 464,170.50 689,626.24 32,325,654.69	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 28.35 36.99 48.78 12.43 89.92 37.84 22.32 \$ 542.81 .00	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .000 .839 .104 .015 .233 .052 .124 .311 .600 .000	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97 135.74 92.39 \$ 16853.83	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89 4.67 4.67 6.94 \$ 325.51
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414 8,297 7,464 1,918 0 1,918	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125 5,154 12,267 30,897 59,552 \$ 0 59,552	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46 464,170.50 689,626.24 32,325,654.69 .00 32,325,654.69	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99 48.78 12.43 89.92 37.84 22.32 \$ 542.81 .00 542.81	UNITS/DAYS PER ELIG .897 .058 .013 .045 .005 .002 .000 .043 .000 .000 .000 .000 .839 .104 .015 .233 .052 .124 .311 .600 .000 .600	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97 135.74 92.39 \$ 16853.83 .00 16853.83	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89 4.67 4.67 6.94 \$ 325.51 .00 325.51
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414 8,297 7,464 1,918 0 1,918 1,053	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125 5,154 12,267 30,897 59,552 28,104 \$	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46 464,170.50 689,626.24 32,325,654.69 4,452,621.34	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99 48.78 12.43 89.92 37.84 22.32 \$ 542.81 .00 542.81 \$ 158.43	UNITS/DAYS PER ELIG .897 .058 .013 .045 .045 .002 .000 .043 .000 .000 .000 .000 .839 .104 .015 .233 .052 .124 .311 .600 .000 .600 .283	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97 135.74 55.94 92.39 \$ 16853.83 \$ 000 16853.83 \$ 4228.51	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89 4.67 4.67 6.94 \$ 325.51 .00 325.51 \$ 44.84
99,308 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 17,661 1,421 177 721 719 14 0 707 721 553 0 16,861 6,365 1,348 5,136 3,414 8,297 7,464 1,918 0 1,918	UNITS OF SERVICE OR DAYS OF CARE 89,080 \$ 5,734 1,267 4,467 4,467 241 0 4,226 0 0 83,346 10,374 1,529 23,125 5,154 12,267 30,897 59,552 \$ 0 59,552	EXPENDITURES 14,328,928.83 11,965,930.60 1,938,077.64 9,464,750.32 2,682,355.56 49,671.68 .00 2,632,683.88 6,782,394.76 563,102.64 .00 2,362,998.23 383,737.84 74,582.65 287,453.54 463,427.46 464,170.50 689,626.24 32,325,654.69 .00 32,325,654.69	AVERAGE COST PER UNIT/DAY \$ 160.85 2086.84 1529.66 2118.82 600.48 206.11 .00 622.97 .00 .00 .00 28.35 36.99 48.78 12.43 89.92 37.84 22.32 \$ 542.81 .00 542.81	UNITS/DAYS PER ELIG .897 .058 .013 .045 .005 .002 .000 .043 .000 .000 .000 .000 .839 .104 .015 .233 .052 .124 .311 .600 .000 .600	\$ COST PER USER \$ 811.33 8420.78 10949.59 13127.25 3730.68 3547.98 .00 3723.74 9406.93 1018.27 .00 140.15 60.29 55.33 55.97 135.74 92.39 \$ 16853.83 .00 16853.83	GE COST PER ELIGIBLE \$ 144.29 120.49 19.52 95.31 27.01 .50 .00 26.51 68.30 5.67 .00 23.79 3.86 .75 2.89 4.67 4.67 6.94 \$ 325.51 .00 325.51

LEV B-REHAB MD	301	10,070		1,428,810.99		141.89	.101	_	4746.88		14.39
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000)	.00		.00
LEV B-SUBACUTE HSPTL BASED	16	529		300,046.27		567.20	.005	·)	18752.89		3.02
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000)	.00		.00
LEV B-REGULAR	736	17,505		2,723,764.08		155.60	.176	5	3700.77		27.43
@INTERMEDIATE CARE FACILDD	493	15,190	\$	3,164,819.23	\$	208.35	.153	\$	6419.51	\$	31.87
ICF DDH	265	8,327		1,413,202.39		169.71	.084	Į	5332.84		14.23
ICF DD	0	0		.00		.00	.000)	.00		.00
ICF DDN/DDCN	228	6,863		1,751,616.84		255.23	.069	9	7682.53		17.64
@HEMODIALYSIS TOTAL	665	18,222	\$	835,485.73	\$	45.85	.183	\$	1256.37	\$	8.41
HOSPITAL BASED	0	0		.00		.00	.000)	.00		.00
HEMODIALYSIS CENTER	665	18,222		835,485.73		45.85	.183	}	1256.37		8.41
@REHABILITATION FACILITY	437	5,661	\$	87,860.53	\$	15.52	.057	' \$	201.05	\$.88
HOSPITAL BASED	64	602		12,559.07		20.86	.006	5	196.24		.13
INDEPENDENT FACILITY	373	5,059		75,301.46		14.88	.051	-	201.88		.76
@LABORATORY FACILITY	4,489	18,317	\$	260,312.09	\$	14.21	.184	\$	57.99	\$	2.62
PATHOLOGY	4,451	18,194		259,246.79		14.25	.183	3	58.24		2.61
XO AND OTHERS	38	123		1,065.30		8.66	.001	-	28.03		.01
@ORGANIZED OUTPATIENT CLINIC	12,750	25,685	\$	2,373,183.98	\$	92.40	.259	\$	186.13	\$	23.90
CLINIC	453	1,371		37,334.38		27.23	.014	Į.	82.42		.38
SURGICENTER	120	376		30,783.95		81.87	.004	Į.	256.53		.31
HEROIN DETOX CLINIC	48	670		8,169.12		12.19	.007	7	170.19		.08
RURAL HEALTH CLINIC	12,191	23,268		2,296,896.53		98.71	.234	Į	188.41		23.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	J DEC	2004	P.	AGE 15,444
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	C ASS	SISTANCE - DISABLEI)						

DONOPIA COUNTI	DOMESTIC OF DELL	VICES FOR TODDIC ASSIR	DIANCE DISABEED				
					MON		-
99,308 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11 , 354	467 , 126 \$	3,718,095.10	\$ 7.96	4.704 \$		
DURABLE MED. EQUIP.	1 , 356	5 , 273	915,003.32	173.53	.053	674.78	9.21
BLOOD BANK	15	19	2,868.75	150.99	.000	191.25	.03
HEARING AID DISPENSERS	82	127	17,493.65	137.75	.001	213.34	.18
MEDICAL TRANSPORTATION	2,082	116 , 951	534,997.62	4.57	1.178	256.96	5.39
AMBULANCES/AIR TRANS	1,291	9,802	197,102.57	20.11	.099	152.67	1.98
OTHER TRANS	706	106,983	326,021.38	3.05	1.077	461.79	3.28
OTHER SERVICES	109	166	11,873.67	71.53	.002	108.93	.12
ACUPUNCTURE	142	369	6,222.67	16.86	.004	43.82	.06
ADULT DAY HEALTH CARE CTR	162	1,850	128,341.11	69.37	.019	792.23	1.29
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	600	28,561	981,449.57	34.36	.288	1635.75	9.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,920	4,422	49,821.40	11.27	.045	25.95	.50
PHYSICAL THERAPIST	74	355	4,496.61	12.67	.004	60.77	.05
PORTABLE X-RAY	50	99	1,460.27	14.75	.001	29.21	.01
PROSTHETIST/ORTHOTISTS	193	798	118,809.03	148.88	.008	615.59	1.20
PROSTHETICS	193	798	118,809.03	148.88	.008	615.59	1.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	178	542	13,077.25	24.13	.005	73.47	.13
SPEECH AND AUDIOLOGY	948	3,061	145,916.33	47.67	.031	153.92	1.47
HOSPICE SERVICES	67	2,223	326,512.84	146.88	.022	4873.33	3.29
NONINST BIRTHING CENTERS	2	2	1,500.00	750.00	.000	750.00	.02
LOCAL EDUCATION AGENCIES	1,213	29,386	240,758.90	8.19	.296	198.48	2.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3,392	273 , 072	227,685.78	.83	2.750	67.12	2.29
@CALIF. CHILDREN SERVICES*	1,694	97,318	\$ 2,495,359.60	\$ 25.64	.980	\$ 1473.06	\$ 25.13
@XOVER EXCLUDING STATE HOSP**	11,967	138,363	\$ 2,085,025.62	\$ 15.07	1.393	\$ 174.23	\$ 21.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,445 MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MO1	ITHLY AVERA	GE.	
77,826 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	39,081	172 , 559	\$ 10,389,712.31	\$ 60.21	2.217	265.85	\$	133.50
@PHYSICIANS SERVICES	11,480	24,632	\$ 1,087,907.22	\$ 44.17	.317	94.77	\$	13.98
OUTPATIENT VISITS	8,563	11,086	397,346.79	35.84	.142	46.40		5.11
OFFICE VISITS	4,585	5 , 698	162,081.50	28.45	.073	35.35		2.08
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	3,402	3 , 927	185,121.88	47.14	.050	54.42		2.38
PREVENTIVE CARE	137	138	5,573.21	40.39	.002	40.68		.07
OB VISITS/COMPRE PERI	199	502	24,720.70	49.24	.006	124.22		.32
OTHER OUTPATIENT	726	821	19,849.50	24.18	.011	27.34		.26
INPATIENT VISITS	467	1,404	110,176.34	78.47	.018	235.92		1.42
HOSPITAL VISITS	447	1,098	53,485.34	48.71	.014	119.65		.69
CRITICAL CARE	49	302	56,536.40	187.21	.004	1153.80		.73
SNF/ICF/TRANS IP CARE	3	4	154.60	38.65	.000	51.53		.00
OPHTHALMOLOGICAL SERVICES	121	150	6,884.80	45.90	.002	56.90		.09
EXAMINATIONS	119	149	6,822.76	45.79	.002	57.33		.09
SERVICES AND MATERIALS	2	1	62.04	62.04	.000	31.02		.00
INPATIENT HOSPITAL SURGERY	497	2,587	235,670.61	91.10	.033	474.19		3.03
PRINCIPAL SURGEON	319	373	186,178.40	499.14	.005	583.63		2.39
ASSISTANT SURGEON	30	30	5,807.61	193.59	.000	193.59		.07
ANESTHESIOLOGIST	224	2,184	43,684.60	20.00	.028	195.02		.56

OUTPATIENT SURGERY	874	2,143	118,864.67	55.47	.028	136.00	1.53
PRINCIPAL SURGEON	738	923	92,782.89	100.52	.012	125.72	1.19
ASSISTANT SURGEON	3	3	287.43	95.81	.000	95.81	.00
ANESTHESIOLOGIST	175	1,217	25,794.35	21.20	.016	147.40	.33
DIALYSIS	5	7	741.48	105.93	.000	148.30	.01
PATHOLOGY	995	1,893	25,723.91	13.59	.024	25.85	.33
RADIOLOGY	2,610	3,869	112,595.17	29.10	.050	43.14	1.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	156	280	30,152.68	107.69	.004	193.29	.39
OTHER SERVICES/ALL X-OVERS	685	1,213	49,750.77	41.01	.016	72.63	.64
@PHARMACY	16,266	45,029	\$ 1,993,642.26	\$ 44.27	.579	\$ 122.56	\$ 25.62
PRESCRIPTION DRUGS	16,156	36,223	1,953,679.60	53.93	.465	120.93	25.10
SNF/ICF	8	17	592.44	34.85	.000	74.06	.01
OUTPATIENTS	16,150	36,206	1,953,087.16	53.94	.465	120.93	25.10
MEDICAL SUPPLIES	507	8,806	39,962.66	4.54	.113	78.82	.51
@DENTIST	4,174	22,006	\$ 644,066.43	\$ 29.27	.283	\$ 154.30	\$ 8.28
VISITS - DIAGNOSTIC	3,140	14,445	211,086.33	14.61	.186	67.22	2.71
ORAL SURGERY	619	1,327	81,423.75	61.36	.017	131.54	1.05
DRUGS	37	39	843.75	21.63	.001	22.80	.01
ANESTHESIA	34	34	3,700.00	108.82	.000	108.82	.05
PERIODONTICS	29	30	3,105.00	103.50	.000	107.07	.04
ENDODONTICS	358	707	68,046.34	96.25	.009	190.07	.87
RESTORATIVE DENTISTRY	1,524	4,886	242,529.85	49.64	.063	159.14	3.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	40	111	15,036.66	135.47	.001	375.92	.19
SPACE MAINTAINERS	33	43	4,936.00	114.79	.001	149.58	.06
MAXILLOFACIAL SERVICES	8	12	700.00	58.33	.000	87.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	192	234	11,908.75	50.89	.003	62.02	.15
ALL OTHER SERVICES	102	138	750.00	5.43	.002	7.35	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DI	EC 2004	PAGE 15,446
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC A	SSISTANCE - FAMILIES	3			
						NTHLY AVERA	-
77,826 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
				/ /			

77,826 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	ERAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	896	2,620	\$ 58,315.14	\$ 22.26	.034	\$	65.08	\$.75
DIAGNOSTIC AND ANC. PROCED	646	678	29,293.88	43.21	.009		45.35	.38
EYE APPLIANCES	665	1,917	27,880.24	14.54	.025		41.93	.36
OTHER OPTOMETRIC SERVICES	25	25	1,141.02	45.64	.000		45.64	.01
@CHIROPRACTOR	67	136	\$ 2,273.92	\$ 16.72	.002	\$	33.94	\$.03
VISITS	67	136	2,273.92	16.72	.002		33.94	.03
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	30	46	\$ 1,340.12	\$ 29.13	.001	\$	44.67	\$.02
MEDICINE/INJECTIONS	28	34	1,109.12	32.62	.000		39.61	.01
SURGERY/ANES.	5	7	137.58	19.65	.000		27.52	.00
RADIO./PATHOLOGY	3	5	93.42	18.68	.000		31.14	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	152	348	\$ 21,762.70	\$ 62.54	.004	\$	143.18	\$.28
NURSE ANESTHESIST	1	14	\$ 259.41	\$ 18.53	.000	\$	259.41	\$.00
NURSE MIDWIFE	179	1,331	\$ 32,755.60	\$ 24.61	.017	\$	182.99	\$.42
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	13	17	\$ 408.00	\$ 24.00	.000	\$	31.38	\$.01
@TOTAL HOSPITAL	9,743	35 , 592	\$ 4,301,545.49	\$ 120.86	.457	\$	441.50	\$ 55.27
HOSP INPATIENT TOTAL	472	1,858	3,311,461.57	1782.27	.024		7015.81	42.55
HSC HOSPITALS	56	283	483,310.16	1707.81	.004		8630.54	6.21

NON-HSC HOSPITAL TOTAL	423	1,575		2,828,151.41	1795.65	.020	6685.94	36.34
ACCOMMODATIONS	421	1,575		989,664.35	628.36	.020	2350.75	12.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	421	1,575		989,664.35	628.36	.020	2350.75	12.72
ANCILLARIES	423	0		1,838,487.06	.00		4346.31	23.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,473	33,734		990,083.92		.433	104.52	12.72
MEDICAL	3,673	4,944		178,795.05	36.16	.064	48.68	2.30
SURGERY	902	1,076		44,854.37	41.69	.014	49.73	.58
PATHOLOGY	2,497	8 , 793		104,754.99	11.91	.113	41.95	1.35
RADIOLOGY	2,070	2,741		177,773.63	64.86	.035	85.88	2.28
ROOM USE	7,042	9,133		341,800.58	37.42	.117	48.54	4.39
CROSSOVERS/ALL OTH OUTPINT	2,980	7,047		142,105.30	20.17	.091	47.69	1.83
@COUNTY HOSPITAL TOTAL	24	103	\$	7,253.16	\$ 70.42	.001	\$ 302.22	\$.09
CO HOSPITAL INPATIENT TOTAL	2	3		3,330.02	1110.01			.04
HSC HOSPITALS	2	3		3,330.02	1110.01	.000	1665.01	.04
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00			.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00			.00
ALL OTHER INPATIENT	0	0		.00	.00			.00
CO HOSP OUTPATIENT TOTAL	23	100		3,923.14	39.23			
MEDICAL	9	11		561.89	51.08			.01
SURGERY	6	10		303.60	30.36			.00
PATHOLOGY	4	26		544.42	20.94			.01
RADIOLOGY	2	3		104.37	34.79			.00
ROOM USE	17	26		1,306.56	50.25			.02
CROSSOVERS/ALL OTH OUTPINT	10	24		1,102.30	45.93			.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MOI	NTH-OF-PAYMENT RI	EPORT FOR JA	N 2004 THRU	DEC 2004	PAGE 15,44
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	ASSIST	TANCE - FAMILIES				

----- MONTHLY AVERAGE -----77,826 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9,726 35,489 .456 \$ 441.53 \$ @COMMUNITY HOSPITAL TOTAL 4,294,292.33 \$ 121.00 55.18 470 1,855 COMM HOSP INPATIENT TOTAL 1783.36 .024 7038.58 42.51 3,308,131.55 8888.52 HSC HOSPITALS 54 280 479,980.14 1714.21 .004 6.17 NON-HSC HOSPITALS TOTAL 423 1,575 2,828,151.41 1795.65 .020 6685.94 36.34 421 628.36 2350.75 12.72 ACCOMMODATIONS 1,575 989,664.35 .020 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE Ω Ω .00 .00 .000 .00 .00 ALL OTHER ACCOM 421 1,575 989,664.35 628.36 2350.75 .020 12.72 423 4346.31 23.62 ANCILLARIES 0 1,838,487.06 .00 .000 INPATIENT CROSSOVERS Ω 0 .00 .00 .000 .00 .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 986,160.78 29.32 104.29 12.67 9,456 33,634 .432 3,665 MEDICAL 4,933 178,233.16 36.13 .063 48.63 2.29 SURGERY 896 1,066 44,550.77 41.79 .014 49.72 .57 8,767 104,210.57 PATHOLOGY 2,493 11.89 .113 41.80 1.34 177,669.26 85.87 RADIOLOGY 2,069 2,738 64.89 .035 2.28 ROOM USE 7,029 9,107 340,494.02 37.39 .117 48.44 4.38

CROSSOVERS/ALL OTH OUTPINT	2,970	7,023		141,003.00		20.08	.090		47.48		1.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	2	\$	473.64	\$	236.82	.000	\$	473.64	\$.01
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	2		473.64		236.82	.000		473.64		.01
@INTERMEDIATE CARE FACILDD	0	0	s	.00	Ś	.00	.000	Ċ	.00	Ċ	.00
ICF DDH	0	0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
TOT DD	0	0		.00		.00	.000		.00		.00
ICE DDM / DDGM	0	0				.00			.00		.00
ICF DDN/DDCN	0	387	\$.00	ċ		.000	ċ		ċ	.00
ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER	0		Ą	7,305.03	\$	18.88		Ş	3652.52	Ş	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	387		7,305.03		18.88	.005		3652.52		.09
@REHABILITATION FACILITY	26	256	\$	3,923.20	\$	15.33		Ş	150.89	Ş	.05
HOSPITAL BASED	7 19 2,343 2,343	20		833.14		41.66	.000		119.02		.01
INDEPENDENT FACILITY	19	236		3,090.06		13.09	.003		162.63		.04
@LABORATORY FACILITY	2,343	6,463	\$	97 , 110.66	\$	15.03	.083	\$	41.45	\$	1.25
PATHOLOGY	2,343	6,463		97 , 110.66		15.03	.083		41.45		1.25
		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9,261	15 , 560	\$	1,861,839.62	\$	119.66	.200	\$	201.04	\$	23.92
CLINIC	866	2,498		76 , 788.12		30.74	.032		88.67		.99
SURGICENTER	8	60		2,359.03		39.32	.001		294.88		.03
HEROIN DETOX CLINIC	10	115		1,405.51		12.22	.001		140.55		.02
RURAL HEALTH CLINIC	8,424	12,887		1,781,286.96		138.22	.166		211.45		22.89
#CALIF DEPT OF HEALTH SERV			JRES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 15,448
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	ISTANCE - FAMILIES							
							M	ONT	HLY AVERA	GE -	
77,826 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	С	OST PER
•		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG		USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	3,162	18,120	\$	274,783.87	\$	15.16	.233	\$	86.90	\$	3.53
DURABLE MED. EOUIP.	93	214	·	13,819.97	·	64.58	.003		148.60		.18
BLOOD BANK	2	4		612.00		153.00	.000		306.00		.01
HEARING AID DISPENSERS	2 2 344 337 5 12	2		1,971.98		985.99	.000		985.99		.03
MEDICAL TRANSPORTATION	344	3,476		75,293.86		21.66	.045		218.88		.97
AMBULANCES/AIR TRANS	337	3,192		55,350.28		17.34	.041		164.24		.71
OTHER TRANS	5	272		658.70		2.42	.003		131.74		.01
OTHER TRANS	12	12		19,284.88		1607.07	.000		1607.07		.25
ACUPUNCTURE	14	42		727.19		17.31	.001		51.94		.01
ADULT DAY HEALTH CARE CTR	0	42		.00		.00	.000		.00		.00
	45	45									.06
GENETIC DISEASE TESTING	45	45		4,653.00		103.40	.001		103.40		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	•		.00		.00	.000		.00		
OCCUPATIONAL THERAPIST	•	0		.00 13,384.76		.00	.000		.00		.00
OPTICIAN	703	1,524		13,384./6		8.78	.020		19.04		.17
PHYSICAL THERAPIST	9	43		809.54		18.83	.001		89.95		.01
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	21	56		9,401.86		167.89	.001		447.71		.12
DDOCMIEMICC	2.1	E C		0 101 06		167 00	0.01		117 71		1.0

56

0

12

74

0 65

164

PROSTHETICS

SPEECH AND AUDIOLOGY

ORTHOTICS

PSYCHOLOGIST

9,401.86

3,561.38 7,095.59

.00

167.89

54.79

43.27

.00

447.71

296.78

95.89

.00

.12

.00

.05

.09

.001

.000

.001

HOSPICE SERVICES	1	20	2,989.40	149.47	.000	2989.40	.04
NONINST BIRTHING CENTERS	5	5	4,776.72	955.34	.000	955.34	.06
LOCAL EDUCATION AGENCIES	1,763	12,253	128,998.90	10.53	.157	73.17	1.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	115	207	6 , 687.72	32.31	.003	58.15	.09
@CALIF. CHILDREN SERVICES*	351	8,621	\$ 853,242.93	\$ 98.97	.111	\$ 2430.89	\$ 10.96
@XOVER EXCLUDING STATE HOSP**	11	19	\$ 453.28	\$ 23.86	.000	\$ 41.21	\$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,449
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

SONOMA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - TOTAL					
			_			MO		-	
202,033 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	138,744	2,419,602		115,731,049.72	\$ 47.83	11.976			572.83
@PHYSICIANS SERVICES	34,646	139,737	\$		\$ 30.16	.692	•		20.86
OUTPATIENT VISITS	17,644	24,218		940,423.17	38.83	.120	53.30		4.65
OFFICE VISITS	9,966	12,906		390,661.10	30.27	.064	39.20		1.93
HOME VISITS	123	159		8,860.30	55.73	.001	72.03		.04
EMERGENCY ROOM	6 , 859	8,816		466,853.91	52.96	.044	68.06		2.31
PREVENTIVE CARE	153	154		6,237.90	40.51	.001	40.77		.03
OB VISITS/COMPRE PERI	218	535		27,044.03	50.55	.003	124.06		.13
OTHER OUTPATIENT	1,441	1,648		40,765.93	24.74	.008	28.29		.20
INPATIENT VISITS	2,044	8,322		453 , 042.47	54.44	.041	221.65		2.24
HOSPITAL VISITS	1,630	6 , 776		307 , 602.84	45.40	.034	188.71		1.52
CRITICAL CARE	224	874		124,191.48	142.10	.004	554.43		.61
SNF/ICF/TRANS IP CARE	375	672		21,248.15	31.62	.003	56.66		.11
OPHTHALMOLOGICAL SERVICES	693	891		37,361.47	41.93	.004	53.91		.18
EXAMINATIONS	690	889		37,232.29	41.88	.004	53.96		.18
SERVICES AND MATERIALS	3	2		129.18	64.59	.000	43.06		.00
INPATIENT HOSPITAL SURGERY	1,096	6,431		544,013.56	84.59	.032	496.36		2.69
PRINCIPAL SURGEON	740	1,004		417,377.57	415.71	.005	564.02		2.07
ASSISTANT SURGEON	70	71		14,487.23	204.05	.000	206.96		.07
ANESTHESIOLOGIST	467	5 , 356		112,148.76	20.94	.027	240.15		.56
OUTPATIENT SURGERY	2 , 385	6 , 455		424,134.99	65.71	.032	177.83		2.10
PRINCIPAL SURGEON	1,956	2,533		339,497.73	134.03	.013	173.57		1.68
ASSISTANT SURGEON	14	14		1,526.33	109.02	.000	109.02		.01
ANESTHESIOLOGIST	550	3,908		83,110.93	21.27	.019	151.11		.41
DIALYSIS	168	221		37,865.98	171.34	.001	225.39		.19
PATHOLOGY	2,319	5,442		81,580.42	14.99	.027	35.18		.40
RADIOLOGY	7 , 312	12,849		536,644.02	41.77	.064	73.39		2.66
PSYCHIATRY	6	7		205.28	29.33	.000	34.21		.00
IMMUNIZATION AND INJECTION	639	6,468		361,150.73	55.84	.032	565.18		1.79
OTHER SERVICES/ALL X-OVERS	11,612	68,433		797,836.98	11.66	.339	68.71		3.95
@PHARMACY	94,798	1,274,052	\$	35,825,157.36	\$ 28.12	6.306	\$ 377.91	\$	177.32
PRESCRIPTION DRUGS	93,406	378,420		34,941,366.18	92.33	1.873	374.08		172.95
SNF/ICF	2,249	16,065		1,455,122.22	90.58	.080	647.01		7.20
OUTPATIENTS	91,321	362,355		33,486,243.96	92.41	1.794	366.69		165.75
MEDICAL SUPPLIES	7,987	895,632		883,791.18	.99	4.433	110.65		4.37
@DENTIST	9,484	43,836	\$	1,449,163.31	\$ 33.06	.217			7.17
VISITS - DIAGNOSTIC	6,905	28,138		394,162.92	14.01	.139	57.08		1.95
ORAL SURGERY	1,450	3,803		224,222.25	58.96	.019	154.64		1.11

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		= 0		0.60 ==							
DRUGS	49	53		968.75		18.28	.000		19.77		.00
ANESTHESIA	59	59		5,800.00		98.31	.000		98.31		.03
PERIODONTICS	248	282		29,041.50		102.98	.001		117.10		.14
ENDODONTICS	539	964		118,546.59		122.97	.005		219.94		.59
RESTORATIVE DENTISTRY	2 , 858	8,226		430,903.80		52.38	.041		150.77		2.13
PROSTHETICS	42	47		1,090.00		23.19	.000		25.95		.01
DENTURES, STAYPLATES	593	1,636		221,366.03		135.31	.008		373.30		1.10
SPACE MAINTAINERS	35	45		5,176.00		115.02	.000		147.89		.03
MAXILLOFACIAL SERVICES	19	27		2,245.47		83.17	.000		118.18		.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	234	304		14,743.75		48.50	.002		63.01		.07
ALL OTHER SERVICES	206	251		896.25		3.57	.001		4.35		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU 1	DEC	2004	P.	AGE 15,450
MOP024	FEE-FOR-SERVICE	L/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC .	ASSIS	STANCE - TOTAL							
							MO	TNC	HLY AVERA	GE	
202,033 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3 , 360	10,047	\$	206,040.85	\$	20.51	.050	\$	61.32	\$	1.02
DIAGNOSTIC AND ANC. PROCED	1,473	1 , 567		66,999.91		42.76	.008		45.49		.33
EYE APPLIANCES	2,723	8,130		128,487.88		15.80	.040		47.19		.64
OTHER OPTOMETRIC SERVICES	235	350		10,553.06		30.15	.002		44.91		.05
@CHIROPRACTOR	279	688	\$	11,233.53	\$	16.33	.003	\$	40.26	\$.06
VISITS	258	649		10,746.95		16.56	.003		41.65		.05
OTHER SERVICES	21	39		486.58		12.48	.000		23.17		.00
@PODIATRIST	1,647	3,200	\$	35,129.42	\$	10.98	.016	\$	21.33	\$.17
MEDICINE/INJECTIONS	295	370		9,815.85		26.53	.002		33.27		.05
SURGERY/ANES.	19	23		1,423.56		61.89	.000		74.92		.01
RADIO./PATHOLOGY	8	10		193.76		19.38	.000		24.22		.00
OTHER	1,341	2,797		23,696.25		8.47	.014		17.67		.12
@HOME HEALTH AGENCY	582	19,903	\$	658,391.05	\$	33.08	.099	\$	1131.26	\$	3.26
NURSE ANESTHESIST	4	21	\$	494.24	\$	23.54	.000	\$	123.56	\$.00

NUDCE MIDWIFE	244	1 720 6	10 102 02	\$ 23.13	000	ċ 1 <i>C</i> 4 7 2	ė an
NURSE MIDWIFE		1,738 \$	40,192.92		.009		
PEDIATRIC NURSE PRACTITIONER		0 \$.00		.000		
FAMILY NURSE PRACTITIONER	26	32 \$	864.07		.000	\$ 33.23	\$.00
@TOTAL HOSPITAL	29,859 2,266			\$ 149.49		\$ 676.39	
HOSP INPATIENT TOTAL		8 , 110		2048.69	.040	7332.24	82.24
HSC HOSPITALS	263	1,677	2,584,505.41	1541.15	.008	9827.02	12.79
NON-HSC HOSPITAL TOTAL	1,222	6,433	13,225,872.04	2055.94	.032	10823.14	65.46
ACCOMMODATIONS	1,218	6,433	3,959,946.00	615.57	.032	3251.19	19.60
ADMINISTRATIVE DAYS	17	255	52,713.51	206.72	.001	3100.79	.26
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,205	6,178	3,907,232.49	632 44	.031	3242.52	19.34
ANCILLARIES	1,222	0	9,265,926.04	632.44 .00 .00	.000	7582.59	
INPATIENT CROSSOVERS	821	0	804,472.63	.00	.000	979.87	3.98
			.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 28,542 10,301	0 126 , 987	.00				
HOSP OUTPATIENT TOTAL	28,342			28.20	.629	125.48	17.73
	10,301	15,685	574,761.11	36.64 46.11	.078	55.80	2.84
SURGERY	2,293	2,652	122,291.38	46.11	.013	53.33	.61
PATHOLOGY	7 , 796		402,581.18	12.28	.162	51.64	1.99
RADIOLOGY	5 , 567	8,016	649 , 209.29	80.99	.040	116.62	3.21
ROOM USE	15 , 559	21 , 736	818,783.09	37.67		52.62	4.05
CROSSOVERS/ALL OTH OUTPINT	12,320	46,105 464 \$	1,013,717.08	21.99	.228	82.28	5.02
@COUNTY HOSPITAL TOTAL	101	464 \$	65,256.41	\$ 140.64	.002	\$ 646.10	\$.32
CO HOSPITAL INPATIENT TOTAL	15	52	52,615.85	1011.84	.000	3507.72	.26
HSC HOSPITALS	15	40	46,528.02	1163.20	.000	3101.87	.23
NON-HSC HOSPITALS TOTAL	2	12	6,087.83	507.32	.000	3043.92	.03
ACCOMMODATIONS	2	12	2,775.60	231.30	.000	1387.80	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	12	2,775.60	231.30	.000	1387.80	
ANCILLARIES	2	0	3,312.23	.00	.000	1656.12	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	90	412	12,640.56	30 68	.002	140 45	.06
MEDICAL	32	48	1,769.61	30.68 36.87	.002	140.45 55.30	.01
SURGERY	14	18	1,009.71	56.10	.000	72.12	.00
	26	153	2,849.14	18.62	.001	109.58	.01
PATHOLOGY	12	20	1,044.54	52.23	.000	87.05	
RADIOLOGY	61			42.75			.01
ROOM USE		95	4,061.41		.000	66.58	.02
CROSSOVERS/ALL OTH OUTPTNT		78	1,906.15	24.44	.000	47.65	.01
		ES AND EXPENDITURES	MONTH-OF-PAYMENT R.	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 15,451
MOP024	FEE-FOR-SERVICE	,					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC AS	SISTANCE - TOTAL				~=
000 000						ONTHLY AVERA	
202,033 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29,786	134,633 \$		\$ 149.52		\$ 675.85	
COMM HOSP INPATIENT TOTAL		•	., ,	2055.38			
HSC HOSPITALS	248	1,637	2,537,977.39	1550.38	.008	10233.78	12.56
NON-HSC HOSPITALS TOTAL	1,220	6,421	13,219,784.21	2058.84	.032	10835.89	65.43
ACCOMMODATIONS	1 , 216	6,421	3,957,170.40	616.29	.032	3254.25	19.59
ADMINISTRATIVE DAYS	17	255	52 , 713.51	206.72	.001	3100.79	.26
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,203	6,166	3,904,456.89	633.22	.031	3245.60	19.33
ANCILLARIES	1,220	0	9,262,613.81	.00	.000	7592.31	45.85
INPATIENT CROSSOVERS	821	0	804,472.63	.00	.000	979.87	3.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	28,475	126,575		3,568,702.57		28.19	.627		125.33		17.66
MEDICAL	10,274	15 , 637		572,991.50		36.64	.077		55.77		2.84
SURGERY	2,279	2,634		121,281.67		46.04	.013		53.22		.60
PATHOLOGY	7,776	32,640		399,732.04		12.25	.162		51.41		1.98
RADIOLOGY	5,558	7,996		648,164.75		81.06	.040		51.41 116.62		3.21
ROOM USE	15,515	21,641		814,721.68		37 65	107		52.51		4.03
CROSSOVERS/ALL OTH OUTPINT		46,027		1 011 810 93		21.98	.228		82.37		5.01
@STATE HOSPITAL	1,965	61,014	\$	1,011,810.93 33,074,015.88	Ġ	542.07	302	Ś	16831.56	Ś	163.71
MENUATIV TII	1,900	01,014	Y	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	1 065	61,014		33,074,015.88		542.07	.302		16831.56		163.71
@NURSING FACILITY	1,965 1,547	38,558	\$		Ċ	159.73			3981.13	Ċ	30.48
GNOWSING PACIFIE	1,347	30 , 330	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
LEV A-INTERMEDIATE	0 307	-							4711.19		
LEV B-KEHAB MD	0	10,210		1,446,335.59		141.66	.051				7.16
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	16	529		300,046.27		567.20	.003		18752.89		1.49
LEV B-TRANSITIONAL IP CARE	0 1,224	0 27 , 819		.00		.00	.000		.00		.00
LEV B-REGULAR	1,224			4,412,428.97		158.61	.138		3604.93		21.84
@INTERMEDIATE CARE FACILDD	493 265	15 , 190	\$		\$	208.35	.075	\$	6419.51	\$	15.66
ICF DDH	200	8,327		1,413,202.39		169.71	.041		5332.84		6.99
ICF DD ICF DDN/DDCN (HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER (REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY (LABORATORY FACILITY PATHOLOGY	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	228	6,863		1,751,616.84		255.23	.034		7682.53		8.67
@HEMODIALYSIS TOTAL	790	19 , 759	\$	1,010,310.58	\$	51.13	.098	\$	1278.87	\$	5.00
HOSPITAL BASED	7	156		63,539.66		407.31	.001		9077.09		.31
HEMODIALYSIS CENTER	783	19,603		946,770.92		48.30	.097		1209.16		4.69
@REHABILITATION FACILITY	485	6,164	\$	95,367.58	\$	15.47	.031	\$	196.63	\$.47
HOSPITAL BASED	71	622		13,392.21		21.53	.003		188.62		.07
INDEPENDENT FACILITY	414	5,542		81,975.37		14.79	.027		198.01		.41
@LABORATORY FACILITY	6,940		\$	361,876.61	Ś	14.38	.125	Ś	52.14	Ś	1.79
PATHOLOGY	6.893	25,013		360,652.57	'	14.42		'			1.79
XO AND OTHERS	47	149		1,224.04		8 22	.001		26.04		.01
@ORGANIZED OUTPATIENT CLINIC		44,195	\$	4,393,091.49	\$	8.22 99.40	219	Ś	184.53	Ś	21.74
CLINIC	1,325	3,880	Ψ.	114,723.19	т	29 57	.019	т	86.58	Τ.	.57
SURGICENTER	193	509		46,353.89		29.57 91.07	.003		240.18		.23
		785		9,574.63		12.20	.004		165.08		.05
RURAL HEALTH CLINIC	58 22 , 345	39 , 021		4,222,439.78		108.21	.193		188.97		20.90
#CALIF DEPT OF HEALTH SERV	MEDI_CAI CEDVIC		י סבר	MONTH-OF-PAYMENT RE	Z D O D TT			חדיכ		D	AGE 15,452
MOP024	FEE-FOR-SERVICE		VES I	MONIH-OF-PAIMENT RE	PLOKI	FOR JAN 2	2004 INKO	טפע	2004	F.	03/14/05
		•	7 0 0	TOMANICE MOMAT							03/14/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS.	ISTANCE - TOTAL			1.4	T		CE	
202 022 ELICIDIES	HOEDO	INITES OF SERVICE	,	EXPENDIBLE	70 7 7 77	DACE COCH			HLY AVERA	-	
202,033 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
	17,705 1,619 17	OR DAYS OF CARE		4 005 600 40			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	17,705	581,209	\$	4,835,638.49	\$	8.32	2.877	Ş		Ş	23.93
DURABLE MED. EQUIP.	1,619	6,006		1,011,751.56		168.46	.030		624.92		5.01
BLOOD BANK	17 157	23		3,480.75		151.34	.000		204.75		.02
HEARTING AID DISTENSERS	101	243		37,718.90		151.34 155.22	.001		240.25		.19
MEDICAL TRANSPORTATION	2,695 1,662	141,963 13,253		691,847.02		4.87 19.37	.703		256.72		3.42
AMBULANCES/AIR TRANS	1,662	13,253		256,761.50		19.37	.066		154.49		1.27
OTHER TRANS	912	128,463		403,388.44		3.14 128.33	.636		442.31		2.00
OTHER SERVICES	156	247		31,697.08		128.33			203.19		.16
ACIDINOMIDE	1.00	F 2 4		0 10 1 1		17 11	000		45 01		0.5

ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PHYSICAL THERAPIST

199

238

1,465

3,046

62

0

84

534

62

0

2,731

33,751

6,945

402

9,135.14

6,438.00

75,978.66

5,308.96

.00

189,675.89

1,296,604.14

17.11

69.45

38.42

10.94

13.21

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103.84

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45.91

796.96

103.84

885.05

24.94

63.20

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.94

.03

.00

.38

.03

PORTABLE X-RAY	74	137	1,484.30	10.83	.001	20.06	.01
PROSTHETIST/ORTHOTISTS	229	901	138,918.28	154.18	.004	606.63	.69
PROSTHETICS	229	901	138,918.28	154.18	.004	606.63	.69
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	200	648	17,534.55	27.06	.003	87.67	.09
SPEECH AND AUDIOLOGY	1,127	3,441	169,396.62	49.23	.017	150.31	.84
HOSPICE SERVICES	120	3,458	491,963.82	142.27	.017	4099.70	2.44
NONINST BIRTHING CENTERS	7	7	6 , 276.72	896.67	.000	896.67	.03
LOCAL EDUCATION AGENCIES	3,033	42,764	381 , 611.78	8.92	.212	125.82	1.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5,023	337,193	300,513.40	.89	1.669	59.83	1.49
@CALIF. CHILDREN SERVICES*	2,150	111,492	\$ 3,552,721.64	\$ 31.87	.552	\$ 1652.43	\$ 17.58
@XOVER EXCLUDING STATE HOSP**	17,933	181,395	\$ 3,089,799.25	\$ 17.03	.898	\$ 172.30	\$ 15.29

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,453 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

SONOMA COUNTI	SUMMARI OF SER	VICES FOR MIN - NO	30C	- AGED AID	COD	7 14 IU IO					
							MC	TNC	HLY AVERA	.GE	
18,590 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	13,440	•	\$	6 , 752 , 193.37	\$		14.786				363.22
@PHYSICIANS SERVICES	2,504	- ,	\$	277 , 169.49	\$.517	\$		\$	14.91
OUTPATIENT VISITS	499	666		28 , 654.56		43.02	.036		57.42		1.54
OFFICE VISITS	357	479		16,189.55		33.80	.026		45.35		.87
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	148	172		11,982.21		69.66	.009		80.96		.64
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	14	15		482.80		32.19	.001		34.49		.03
INPATIENT VISITS	98	422		19,182.74		45.46	.023		195.74		1.03
HOSPITAL VISITS	94	403		17,882.94		44.37	.022		190.24		.96
CRITICAL CARE	2	7		851.20		121.60	.000		425.60		.05
SNF/ICF/TRANS IP CARE	8	12		448.60		37.38	.001		56.08		.02
OPHTHALMOLOGICAL SERVICES	78	98		4,175.13		42.60	.005		53.53		.22
EXAMINATIONS	76	96		4,104.55		42.76	.005		54.01		.22
SERVICES AND MATERIALS	2	2		70.58		35.29	.000		35.29		.00
INPATIENT HOSPITAL SURGERY	42	198		18,087.93		91.35	.011		430.67		.97
PRINCIPAL SURGEON	25	28		13,066.88		466.67	.002		522.68		.70
ASSISTANT SURGEON	6	6		1,097.93		182.99	.000		182.99		.06
ANESTHESIOLOGIST	20	164		3,923.12		23.92	.009		196.16		.21
OUTPATIENT SURGERY	79	177		21,868.89		123.55	.010		276.82		1.18
PRINCIPAL SURGEON	67	81		18,914.61		233.51	.004		282.31		1.02
ASSISTANT SURGEON	4	4		343.65		85.91	.000		85.91		.02
ANESTHESIOLOGIST	20	92		2,610.63		28.38	.005		130.53		.14
DIALYSIS	52	66		13,056.82		197.83	.004		251.09		.70
PATHOLOGY	91	233		4,512.52		19.37	.013		49.59		.24
RADIOLOGY	384	764		40,625.57		53.17	.041		105.80		2.19
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	38	309		25,677.60		83.10	.017		675.73		1.38
OTHER SERVICES/ALL X-OVERS	1,715	6 , 675		101,327.73		15.18	.359		59.08		5.45
@PHARMACY	10,819	168,254	\$	2,939,246.61	\$	17.47	9.051	\$	271.67	\$	158.11
PRESCRIPTION DRUGS	10,579	41,192		2,849,280.33		69.17	2.216		269.33		153.27

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

308	2,092		121,361.70		58.01	.113	394.03		6.53
10,299	39,100		2,727,918.63		69.77	2.103	264.87		146.74
1,081	127,062		89,966.28		.71	6.835	83.23		4.84
478	1,781	\$	82,201.55	\$	46.15	.096	\$ 171.97	\$	4.42
313	992		14,226.50		14.34	.053	45.45		.77
86	279		14,972.25		53.66	.015	174.10		.81
2	2		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
15	15		1,400.00		93.33	.001	93.33		.08
12	18		4,110.00		228.33	.001	342.50		.22
89	245		13,598.05		55.50	.013	152.79		.73
5	5		120.00		24.00	.000	24.00		.01
88	226		33,774.75		149.45	.012	383.80		1.82
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
3	1CR		.00		.00	.000	.00		.00
MEDI-CAL SERVICES A	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC 2004	PA	GE 15,454
FEE-FOR-SERVICE/DEN	ITAL								03/14/05
SUMMARY OF SERVICES	S FOR MN - N	O SOC	- AGED AID	CODE	: 14 1H 1	J 1X			
						M	ONTHLY AVERA	GE -	
	10,299 1,081 478 313 86 2 0 15 12 89 5 88 0 0 0 0 3 MEDI-CAL SERVICES FFEE-FOR-SERVICE/DEN	10,299 39,100 1,081 127,062 478 1,781 313 992 86 279 2 2 0 0 15 15 12 18 89 245 5 5 88 226 0 MEDI-CAL SERVICES AND EXPENDITU	10,299 39,100 1,081 127,062 478 1,781 \$ 313 992 86 279 2 2 0 0 15 15 12 18 89 245 5 5 88 226 0	10,299 39,100 2,727,918.63 1,081 127,062 89,966.28 478 1,781 \$ 82,201.55 313 992 14,226.50 86 279 14,972.25 2 2 2 .00 0 0 .00 15 15 15 1,400.00 12 18 4,110.00 89 245 13,598.05 5 5 120.00 88 226 33,774.75 0 0 0 .00 0 0 0 .00 0 0 0 0 0 0 0 0 0 0	10,299 39,100 2,727,918.63 1,081 127,062 89,966.28 478 1,781 \$ 82,201.55 \$ 313 992 14,226.50 86 279 14,972.25 2 2 0.00 0 0 0.00 15 15 15 1,400.00 12 18 4,110.00 89 245 13,598.05 5 5 120.00 88 226 33,774.75 0 0 0.00 0 0 0 0.00 0 0 0 0	10,299 39,100 2,727,918.63 69.77 1,081 127,062 89,966.28 .71 478 1,781 \$ 82,201.55 \$ 46.15 313 992 14,226.50 14.34 86 279 14,972.25 53.66 2 2 2 .00 .00 .00 0 0 .00 .00 15 15 15 1,400.00 93.33 12 18 4,110.00 228.33 89 245 13,598.05 55.50 5 5 120.00 24.00 88 226 33,774.75 149.45 0 0 0 .00 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	10,299 39,100 2,727,918.63 69.77 2.103 1,081 127,062 89,966.28 .71 6.835 478 1,781 \$ 82,201.55 \$ 46.15 .096 313 992 14,226.50 14.34 .053 86 279 14,972.25 53.66 .015 2 2 2 .00 .00 .00 .00 0 0 .00 .00 .00 .00 15 15 15 1,400.00 93.33 .001 12 18 4,110.00 228.33 .001 89 245 13,598.05 55.50 .013 5 5 5 120.00 24.00 .000 88 226 33,774.75 149.45 .012 0 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .0	10,299 39,100 2,727,918.63 69.77 2.103 264.87 1,081 127,062 89,966.28 .71 6.835 83.23 478 1,781 \$ 82,201.55 \$ 46.15 .096 \$ 171.97 313 992 14,226.50 14.34 .053 45.45 86 279 14,972.25 53.66 .015 174.10 2 2 2 2 .00 .00 .00 .000 .00 .00 .00 .	10,299

							M	ГИC	THLY AVERA	GE	
18,590 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	C C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	229	744	\$	13,388.25	\$	17.99	.040	\$	58.46	\$.72
DIAGNOSTIC AND ANC. PROCED	52	58		2,213.32		38.16	.003		42.56		.12
EYE APPLIANCES	197	640		10,243.66		16.01	.034		52.00		.55
OTHER OPTOMETRIC SERVICES	25	46		931.27		20.25	.002		37.25		.05
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$.00
VISITS	1	1		16.72		16.72	.000		16.72		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	208	353	\$	3,264.90	\$	9.25	.019	\$	15.70	\$.18
MEDICINE/INJECTIONS	7	16		410.38		25.65	.001		58.63		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	201	337		2,854.52		8.47	.018		14.20		.15
@HOME HEALTH AGENCY	41	188	\$	13,032.93	\$	69.32	.010	\$	317.88	\$.70
NURSE ANESTHESIST	1	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,646	7,025	\$	1,372,244.65	\$	195.34	.378	\$	833.68	\$	73.82
HOSP INPATIENT TOTAL	246	471		1,200,719.64		2549.30	.025		4880.97		64.59
HSC HOSPITALS	11	121		196,287.00		1622.21	.007		17844.27		10.56
NON-HSC HOSPITAL TOTAL	76	350		862,955.43		2465.59	.019		11354.68		46.42
ACCOMMODATIONS	75	350		252,276.29		720.79	.019		3363.68		13.57
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	74	349		252,044.99		722.19	.019		3406.01		13.56
ANCILLARIES	76	0		610,679.14		.00	.000		8035.25		32.85
INPATIENT CROSSOVERS	160	0		141,477.21		.00	.000		884.23		7.61
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,487	6,554		171,525.01		26.17	.353		115.35		9.23
MEDICAL	300	471		16,346.99		34.71	.025		54.49		.88
SURGERY	68	77		4,332.00		56.26	.004		63.71		.23
PATHOLOGY	339	1,524		18,548.47		12.17	.082		54.72		1.00

RADIOLOGY	263	396	31,319.70	79.09	.021	119.09	1.68
ROOM USE	313	428	17,606.28	41.14	.023	56.25	.95
CROSSOVERS/ALL OTH OUTPINT	954	3 , 658	83,371.57	22.79	.197	87.39	4.48
@COUNTY HOSPITAL TOTAL	10	43 \$	4,876.63	\$ 113.41	.002	\$ 487.66	\$.26
CO HOSPITAL INPATIENT TOTAL	2	3	3,834.00	1278.00	.000	1917.00	.21
HSC HOSPITALS	2	3	3,834.00	1278.00	.000	1917.00	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	40	1,042.63	26.07	.002	130.33	.06
MEDICAL	2	6	354.61	59.10	.000	177.31	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	20	163.73	8.19	.001	81.87	.01
RADIOLOGY	1	2	33.97	16.99	.000	33.97	.00
ROOM USE	2	4	144.38	36.10	.000	72.19	.01
CROSSOVERS/ALL OTH OUTPTNT	7	8	345.94	43.24	.000	49.42	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 15,455
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO SOC -	- AGED AID	CODE 14 1H 1U	J 1X		
						NTHLY AVERA	GE
18,590 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,636	6 , 982 \$	1,367,368.02	\$ 195.84		\$ 835.80	•
COMM HOSP INPATIENT TOTAL	244	468	1,196,885.64	2557.45		4905.27	64.38
HSC HOSPITALS	9	118	192,453.00	1630.96		21383.67	10.35
NON-HSC HOSPITALS TOTAL	76	350	862 , 955.43	2465.59		11354.68	46.42
ACCOMMODATIONS	75	350	252 , 276.29	720.79	.019	3363.68	13.57

ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	74	349		252,044.99		722.19	.019		3406.01		13.56
ANCILLARIES	76	0		610,679.14		.00	.000		8035.25		32.85
INPATIENT CROSSOVERS	160	0		141,477.21		.00	.000		884.23		7.61
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,479	6,514		170,482.38		26.17	.350		115.27		9.17
MEDICAL	298	465		15,992.38		34.39	.025		53.67		.86
SURGERY	68	77		4,332.00		56.26	.004		63.71		.23
PATHOLOGY	337	1,504		18,384.74		12.22	.081		54.55		.99
RADIOLOGY	262	394		31,285.73		79.41	.021		119.41		1.68
ROOM USE	311	424		17,461.90		41.18	.023		56.15		.94
CROSSOVERS/ALL OTH OUTPTNT		3,650		83,025.63		22.75	.196		87.67		4.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	ې	.00	ې	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	342	7,612	\$	1,228,617.02	\$	161.41		ċ	3592.45	ċ	66.09
	7	271	Ą	27,715.91	Ą	102.27	.015	Ą	3959.42	Ą	1.49
LEV A-INTERMEDIATE	0	271									
LEV B-REHAB MD		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U	-		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	53		30,743.71		580.07	.003		15371.86		1.65
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	335	7,288	_	1,170,157.40	_	160.56	.392	_	3493.01	_	62.95
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	118	3,448	\$	188,600.65	\$	54.70		\$	1598.31	\$	10.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	118	3,448		188,600.65		54.70	.185		1598.31		10.15
@REHABILITATION FACILITY	3	6	\$	156.71	\$	26.12	.000	\$		\$.01
HOSPITAL BASED	3	6		156.71		26.12	.000		52.24		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	328	1,776	\$	18,797.84	\$	10.58	.096	\$	57.31	\$	1.01
PATHOLOGY	325	1,769		18,730.33		10.59	.095		57.63		1.01
XO AND OTHERS	3	7		67.51		9.64	.000		22.50		.00
@ORGANIZED OUTPATIENT CLINIC	1,625	2,623	\$	198,632.31	\$	75.73	.141	\$		\$	10.68
CLINIC	3	9		601.41		66.82	.000		200.47		.03
SURGICENTER	52	79		12,578.66		159.22	.004		241.90		.68
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,572	2,535		185,452.24		73.16	.136		117.97		9.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES M	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2004 THRU	DEC	2004	P.	AGE 15,456
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR MN - N	IO SOC	C - AGED AID	CODI	E 14 1H 1U	1X				
							M	TNO	HLY AVERA	GE	
18,590 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,715	71,446	\$	416,823.74	\$	5.83	3.843	\$	243.05	\$	22.42
DURABLE MED. EQUIP.	71	266		43,715.47		164.34	.014		615.71		2.35
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	42	61		13,195.69		216.32	.003		314.18		.71
MEDICAL TRANSPORTATION	175	21,526		66,175.44		3.07	1.158		378.15		3.56
AMBULANCES/AIR TRANS	36	240		4,238.16		17.66	.013		117.73		.23
OTHER TRANS	118	20,965		59 , 977.61		2.86	1.128		508.28		3.23
OTHER SERVICES	23	321		1,959.67		6.10	.017		85.20		.11
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

GENETIC DISEASE TESTING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADULT DAY HEALTH CARE CTR	51	541	37 , 698.46	6	9.68	.029	739.19)	2.03
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 226 548 6,132.30 11.19 .029 27.13 .33 PHYSICAL THERAPIST 0 0 .00	GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00)	.00
OPTICIAN 226 548 6,132.30 11.19 0.29 27.13 .33 PHYSICAL THERAPIST 0 0 .00<	IHMC, MODEL-NF, NF, AIDS, MSSP	447	2,528	159,153.32	6:	2.96	.136	356.05	5	8.56
PHYSICAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00)	.00
PORTABLE X-RAY 18 30 14.60 .49 .002 .81 .00 PROSTHETIST/ORTHOTISTS 5 15 1,490.27 99.35 .001 298.05 .08 PROSTHETICS 5 15 1,490.27 99.35 .001 298.05 .08 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 6 10 333.16 33.32 .001 55.53 .02 SPEECH AND AUDIOLOGY 58 128 10,235.75 79.97 .007 176.48 .55 HOSPICE SERVICES 22 318 42,348.74 133.17 .017 1924.94 2.28 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 2 5 52.00 10.40 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .0 .00 .00	OPTICIAN	226	548	6,132.30	1:	1.19	.029	27.13	3	.33
PROSTHETIST/ORTHOTISTS 5 15 1,490.27 99.35 .001 298.05 .08 PROSTHETICS 5 15 1,490.27 99.35 .001 298.05 .08 ORTHOTICS 0 0 0 .00 .00 .00 .000 .000 .00 PSYCHOLOGIST 6 10 333.16 33.32 .001 55.53 .02 SPEECH AND AUDIOLOGY 58 128 10,235.75 79.97 .007 176.48 .55 HOSPICE SERVICES 22 318 42,348.74 133.17 .017 1924.94 2.28 NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 2 2 55 52.00 10.40 .000 26.00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 768 45,470 36,278.54 .80 2.446 47.24 1.95 @CALIF. CHILDREN SERVICES* 1 1 \$ 35.00 \$ 35.00 \$ 35.00 \$.00	PHYSICAL THERAPIST	0	0	.00		.00	.000	.00)	.00
PROSTHETICS 5 15 1,490.27 99.35 .001 298.05 .08 ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 6 10 333.16 33.32 .001 55.53 .02 SPEECH AND AUDIOLOGY 58 128 10,235.75 79.97 .007 176.48 .55 HOSPICE SERVICES 22 318 42,348.74 133.17 .017 1924.94 2.28 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 2 5 52.00 10.40 .000 26.00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00	PORTABLE X-RAY	18	30	14.60		.49	.002	.81	_	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 6 10 333.16 33.32 .001 55.53 .02 SPEECH AND AUDIOLOGY 58 128 10,235.75 79.97 .007 176.48 .55 HOSPICE SERVICES 22 318 42,348.74 133.17 .017 1924.94 2.28 NONINST BIRTHING CENTERS 0 0 .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES 2 5 52.00 10.40 .000 26.00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 768 45,470 36,278.54 .	PROSTHETIST/ORTHOTISTS	5	15	1,490.27	9	9.35	.001	298.05	5	.08
PSYCHOLOGIST 6 10 333.16 33.32 .001 55.53 .02 SPEECH AND AUDIOLOGY 58 128 10,235.75 79.97 .007 176.48 .55 HOSPICE SERVICES 22 318 42,348.74 133.17 .017 1924.94 2.28 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 2 5 52.00 10.40 .000 26.00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 <td< td=""><td>PROSTHETICS</td><td>5</td><td>15</td><td>1,490.27</td><td>9</td><td>9.35</td><td>.001</td><td>298.05</td><td>5</td><td>.08</td></td<>	PROSTHETICS	5	15	1,490.27	9	9.35	.001	298.05	5	.08
SPEECH AND AUDIOLOGY 58 128 10,235.75 79.97 .007 176.48 .55 HOSPICE SERVICES 22 318 42,348.74 133.17 .017 1924.94 2.28 NONINST BIRTHING CENTERS 0 0 .0	ORTHOTICS	0	0	.00		.00	.000	.00)	.00
HOSPICE SERVICES 22 318 42,348.74 133.17 .017 1924.94 2.28 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 2 5 52.00 10.40 .000 26.00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00	PSYCHOLOGIST	6	10	333.16	3.	3.32	.001	55.53	3	.02
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	58	128	10,235.75	7	9.97	.007	176.48	}	.55
LOCAL EDUCATION AGENCIES 2 5 52.00 10.40 .000 26.00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. 0 0 .00 <t< td=""><td>HOSPICE SERVICES</td><td>22</td><td>318</td><td>42,348.74</td><td>13</td><td>3.17</td><td>.017</td><td>1924.94</td><td>l</td><td>2.28</td></t<>	HOSPICE SERVICES	22	318	42,348.74	13	3.17	.017	1924.94	l	2.28
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .	NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00)	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	2	5	52.00	1	0.40	.000	26.00)	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 768 45,470 36,278.54 .80 2.446 47.24 1.95 @CALIF. CHILDREN SERVICES* 1 \$ 35.00 \$ 35.00 \$ 35.00 \$ 35.00 \$.00	EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00)	.00
ALL OTHER PROVIDERS 768 45,470 36,278.54 .80 2.446 47.24 1.95 @CALIF. CHILDREN SERVICES* 1 \$ 35.00 \$ 35.00 \$ 35.00 \$.00	RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES* 1 1 \$ 35.00 \$ 35.00 \$ 35.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00)	.00
	ALL OTHER PROVIDERS	768	45 , 470	36 , 278.54		.80	2.446	47.24	l	1.95
@XOVER EXCLUDING STATE HOSP** 2,951 24,731 \$ 541,847.34 \$ 21.91 1.330 \$ 183.61 \$ 29.15	@CALIF. CHILDREN SERVICES*	1	1	\$ 35.00	\$ 3.	5.00	.000	\$ 35.00) \$.00
	@XOVER EXCLUDING STATE HOSP**	2,951	24,731	\$ 541,847.34	\$ 2	1.91	1.330	\$ 183.61	. \$	29.15

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,457
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24	

					MON	THLY AVERAG	E
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	24 \$	129.30	\$ 5.39	24.000 \$	129.30	\$ 129.30
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	-PAYMENT REP	ORT FOR JAN	2004 THRU	DEC 2004	PAGE 15,458
MOP024	FEE-FOR-SERVICE/DENTA	L						03/14/05

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

SONOMA COUNTY

BOWOILI GOOMII	DOIMMING OF DELICE	TODO TOTO THE TO	DLIND		TITE CODE					
						MC	ITNC	HLY AVERA	GΕ	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00		.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		00 .000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		00 .000		.00	.00
MEDICAL	0	0	.00		00 .000		.00	.00
SURGERY	Ô	0	.00		00 .000		.00	.00
PATHOLOGY	0	0	.00		00 .000		.00	.00
RADIOLOGY	0	0	.00		00 .000		.00	.00
ROOM USE	0	0	.00		00 .000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		00 .000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$			00 .000		.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00		00 .000		.00	.00
HSC HOSPITALS	0	0	.00		00 .000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		00 .000		.00	.00
	0	0					.00	
ACCOMMODATIONS	0	0	.00		.000			.00
ADMINISTRATIVE DAYS	0	0	.00		.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.000		.00	.00
ANCILLARIES	U	0	.00		.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000		.00	.00
MEDICAL	0	0	.00		.000		.00	.00
SURGERY	0	0	.00		.000		.00	.00
PATHOLOGY	0	0	.00		.000		.00	.00
RADIOLOGY	0	0	.00		.000		.00	.00
ROOM USE	0	0	.00		.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.000		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT 1	REPORT FOR	JAN 2004 THRU	DEC 2004		PAGE 15,459
MOP024	FEE-FOR-SERVICE,							03/14/05
MOP024 SONOMA COUNTY		DENTAL ICES FOR MN - NO SC	OC - BLIND	AID	CODE 24			
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SO						Е
		CCES FOR MN - NO SO UNITS OF SERVICE	OC - BLIND EXPENDITURES	AVERAGE	COST UNITS/DA	YS COST	PER	E COST PER
SONOMA COUNTY 01 ELIGIBLES	SUMMARY OF SERV	CCES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE PER UNIT	COST UNITS/DA	YS COST G USE	PER R	E COST PER ELIGIBLE
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE PER UNIT \$.	COST UNITS/DA COST UNITS/DA COST UNITS/DA COST UNITS/DA COST UNITS/DA COST UNITS/DA	YS COST G USE \$	PER R .00	E COST PER ELIGIBLE \$.00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV	CCES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES .00 .00	AVERAGE PER UNIT \$.	COST UNITS/DA CO	YS COST G USE \$	PER R .00 :	E COST PER ELIGIBLE \$.00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE PER UNIT \$.	COST UNITS/DA P/DAY PER ELI 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 :	E COST PER ELIGIBLE \$.00 .00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE PER UNIT \$	COST UNITS/DA P/DAY PER ELI 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 : .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE PER UNIT \$.	COST UNITS/DA P/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 : .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE PER UNIT \$.	COST UNITS/DA P/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 : .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 : .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE PER UNIT \$.	COST UNITS/DA P/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 : .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE PER UNIT \$.	COST UNITS/DA PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 : .00 . .00 . .00 . .00 . .00 . .00 .	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 01 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$.	COST UNITS/DA 7/DAY PER ELI 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O S O O O O O O O O O O O O O O O O O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNIT \$	COST UNITS/DA 7/DAY PER ELI 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNIT \$	COST UNITS/DA PER ELI 00	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$	COST UNITS/DA PER ELI 00	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNIT \$	COST UNITS/DA 7/DAY PER ELI 00 .000	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
O1 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE PER UNIT \$	COST UNITS/DA PER ELI 00	YS COST G USE \$	PER R .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	÷ 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Y	.00	Υ	.00	.000	Ψ.	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	τ	.00	Τ	.00	.000	т	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	-	.00	.000	7	.00	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	7	.00	т.	.00	.000	7	.00	7	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
CLINIC	0	0	7	.00	-	.00	.000	7	.00	7	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MO		EPORT			DEC		P.	AGE 15,460
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC	- BLIND		AID CODE	24				, ,
							M	ONT	HLY AVERA	GE -	
01 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		R DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	24	\$	129.30	\$	5.39	24.000	\$	129.30	\$	129.30
DURABLE MED. EQUIP.	0	0	•	.00		.00	.000	•	.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	24	129.30	5.39	24.000	129.30	129.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	24	129.30	5.39	24.000	129.30	129.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,461
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

---- MONTHLY AVERAGE ----13,368 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 11,984 280,098 \$ 10,045,467.38 35.86 20.953 \$ 838.24 \$ 751.46 2,751 18,952 26.27 1.418 \$ 181.01 \$ @PHYSICIANS SERVICES 497,961.47 OUTPATIENT VISITS 789 1,141 45,027.82 39.46 .085 57.07 3.37 31.45 44.88 OFFICE VISITS 585 835 26,257.27 .062 1.96 0 0 .00 .000 .00 HOME VISITS .00 .00 201 251 EMERGENCY ROOM 17,378.19 69.24 .019 86.46 1.30 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 OB VISITS/COMPRE PERI 55 OTHER OUTPATIENT 51 1,392.36 25.32 .004 27.30 .10 230 1,340 INPATIENT VISITS 63,203.49 47.17 .100 274.80 4.73 210 1,193 40.77 .089 231.64 HOSPITAL VISITS 48,643.52 3.64 33 123 CRITICAL CARE 13,744.49 111.74 .009 416.50 1.03 SNF/ICF/TRANS IP CARE 17 24 815.48 33.98 .002 47.97 .06 81 38.49 47.96 OPHTHALMOLOGICAL SERVICES .006 .23 3,117.45 81 3,117.45 38.49 47.96 EXAMINATIONS .006 .23 .00 .00 SERVICES AND MATERIALS 0 Ω .00 .000 .00 103 905 49,807.63 55.04 .068 483.57 3.73 INPATIENT HOSPITAL SURGERY 71 107 37,682.72 352.17 530.74 PRINCIPAL SURGEON .008 2.82 9 2,054.71 228.30 293.53 ASSISTANT SURGEON 7 .001 .15 ANESTHESIOLOGIST 789 10,070.20 12.76 .059 265.01 .75

OUIPAIIENI SURGERI	137	392		43,244.93		110.32	.029		13.45		3.23
PRINCIPAL SURGEON	131	197		37,795.51		191.86	.015	28	38.52		2.83
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION	2	2		192.48		96 24	.000		96.24		.01
AMEGRIECTOLOCICE	20	193		5,256.94		96.24 27.24	.014				.39
ANESTHESIOLOGIST	30	193		5,256.94		21.24	.014		75.23		
DIALYSIS	111	181		31,875.08		176.11	.014		37.16		2.38
PATHOLOGY	185	676		7,694.91		11.38	.051	4	41.59		.58
RADIOLOGY	531	1,206		60,527.47		50.19	.090		13.99		4.53
DONOULAMBY	331	1,200						т.			
PSYCHIATRY	Ü	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	93	1,127		82,172.36		72.91	.084	88	33.57		6.15
OTHER SERVICES/ALL X-OVERS		11,903		111,290.33		9.35	.890		68.57		8.33
@PHARMACY	9,593	103,378	\$	4,681,606.33					38.02	Ċ	
	9,095	103,370	Y							Y	
PRESCRIPTION DRUGS	9,424	42 , 972		4,570,723.32		106.37	3.215		35.01		341.92
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY	108	706		48,858.32		69.20	.053	4 5	52.39		3.65
OUTPATIENTS	9,334	42,266		4,521,865.00		106.99	3.162	4.8	34.45		338.26
MEDICAL CUDDITES	060	60,406		110,883.01		1.84	4.519		14.43		8.29
MEDICAL SUFFLIES	505			110,003.01							
@DENTIST	598	2,429		98,430.95				\$ 10		Ş	7.36
VISITS - DIAGNOSTIC	404	1,384		20,274.26		14.65	.104	Į	50.18		1.52
ORAL SURGERY	100	298		16,204.24		54.38		1 (62.04		1.21
DRUGS	2	3		25.00		8.33	.000		8.33		.00
DRUGS	3	3									
ANESTHESIA	3	3		300.00		100.00	.000		00.00		.02
PERIODONTICS	404 100 3 3 26 27	3 28		2,821.00		100.75	.002	10	08.50		.21
ENDODONTICS	27	31		6 985 00		225.32	.002		58.70		.52
DECMODAMINE DENMICADA	170	462		27 240 45		58.98					2.04
RESTORATIVE DENTISTRY		462		27,249.45		58.98	.035	Τ,	60.29		
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	4	4		90.00		22.50	.000	4			.01
DENTURES, STAYPLATES	67	207 0		24,482.00		118.27	.015	3 (65.40		1.83
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MANTILOFACIAL CEDUTCEC	0	0									
MAXILLOFACIAL SERVICES	U	U		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	O	•									
FRACTURES, DISLUCATIONS	0	0				.00	.000				.00
ORTHODONTIC SERVICES		207 0 0 0		.00		.00	.000		.00		
ORTHODONTIC SERVICES ALL OTHER SERVICES	12	9		.00		.00	.000 .001		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	12 MEDI-CAL SERVIC	9 ES AND EXPENDITU		.00	EPORT	.00	.000 .001		.00	P.	.00 AGE 15,462
ORTHODONTIC SERVICES ALL OTHER SERVICES	12	9 ES AND EXPENDITU		.00	EPORT	.00	.000 .001		.00	P.	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	12 MEDI-CAL SERVIC FEE-FOR-SERVICE	9 ES AND EXPENDITU: //DENTAL	RES MO	.00		.00 .00 FOR JAN 2	.000 .001 2004 THRU 1		.00	P.	.00 AGE 15,462
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	12 MEDI-CAL SERVIC FEE-FOR-SERVICE	9 ES AND EXPENDITU: //DENTAL	RES MO	.00 .00 ONTH-OF-PAYMENT R		.00 .00 FOR JAN 2	.000 .001 2004 THRU 1	DEC 200	.00		.00 AGE 15,462 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	12 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	9 ES AND EXPENDITU: //DENTAL ICES FOR MN - No	RES MO	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64	6G 6H	.00 .00 FOR JAN 2	.000 .001 2004 THRU 1 8G	DEC 200	.00 .00 04	GE.	.00 AGE 15,462 03/14/05
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	12 MEDI-CAL SERVIC FEE-FOR-SERVICE	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE	RES MO O SOC E	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64	6G 6H AVE	.00 .00 FOR JAN 2 6U 6V 6X RAGE COST	.000 .001 2004 THRU 1 8G MC UNITS/DAY:	DEC 200 ONTHLY S COS	.00 .00 04 AVERA	GE	.00 AGE 15,462 03/14/05 COST PER
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	9 ES AND EXPENDITU: //DENTAL ICES FOR MN - No	RES MO O SOC E	.00 .00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES	6G 6H AVE PER	.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY	.000 .001 2004 THRU 1 8G M(UNITS/DAY; PER ELIG	DEC 200 ONTHLY S COS: U:	.00 .00)4 AVERA I PER SER	GE	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	12 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE	RES MO O SOC E	.00 .00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES	6G 6H AVE PER	.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY	.000 .001 2004 THRU 1 8G M(UNITS/DAY; PER ELIG	DEC 200 ONTHLY S COS: U:	.00 .00)4 AVERA I PER SER	GE	.00 AGE 15,462 03/14/05 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	9 ES AND EXPENDITUE //DENTAL ICES FOR MN - No UNITS OF SERVICE OR DAYS OF CARE 648	RES MO O SOC E E	.00 .00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43	.000 .001 2004 THRU 1 8G M(UNITS/DAY; PER ELIG .048	DEC 200 ONTHLY S COS: US	.00 .00 04 AVERA I PER SER 57.23	GE	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	9 EES AND EXPENDITUE // DENTAL ICES FOR MN - No UNITS OF SERVICE OR DAYS OF CARE 648 63	RES MO O SOC E E	.00 .00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85	.000 .001 2004 THRU 1 8G M(UNITS/DAY; PER ELIG .048 .005	DEC 200 ONTHLY S COST US \$!	.00 .00 04 AVERA F PER SER 57.23 43.94	.GE	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	9 EES AND EXPENDITUE // DENTAL ICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550	RES MO O SOC E E	.00 .00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19	.000 .001 2004 THRU 1 8G M(UNITS/DAY; PER ELIG .048 .005 .041	DEC 200 ONTHLY S COS: U: \$.00 .00 04 AVERA F PER SER 57.23 43.94 48.64	.GE	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 EES AND EXPENDITUE // DENTAL ICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35	RES MO O SOC E E \$.00 .00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03	.000 .001 2004 THRU 1 8G M(UNITS/DAY; PER ELIG .048 .005	DEC 200 ONTHLY S COS: U: \$.00 .00 04 AVERA I PER 5ER 57.23 43.94 48.64 43.79	GE :	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 EES AND EXPENDITUE // DENTAL ICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550	RES MO O SOC E E	.00 .00 ONTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03	.000 .001 2004 THRU 1 8G M(UNITS/DAY; PER ELIG .048 .005 .041	DEC 200 ONTHLY S COS: U: \$.00 .00 04 AVERA I PER 5ER 57.23 43.94 48.64 43.79	GE :	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 ES AND EXPENDITU // DENTAL ICES FOR MN - No UNITS OF SERVICE OR DAYS OF CAR: 648 63 550 35 19	RES MO O SOC E E \$.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001	DEC 200 ONTHLY S COSS \$ \$.00 .00 04 AVERA I PER 57.23 43.94 48.64 43.79 40.86	GE :	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14	RES MO O SOC E E \$.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72	.000 .001 2004 THRU 1 8G M UNITS/DAY: PER ELIG .048 .005 .041 .003 .001	DEC 200 ONTHLY S COS! \$!	.00 .00 04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82	GE :	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR: 648 63 550 35 19 14 5	RES MO	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39	.000 .001 2004 THRU 1 8G M UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001	DEC 200 ONTHLY S COS! \$ \$ \$.00 .00 04 AVERA F PER SER 57.23 43.94 48.64 43.79 40.86 46.82 25.98	GE \$.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR 648 63 550 35 19 14 5 174	RES MO O SOC E E \$.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39	.000 .001 2004 THRU 1 8G M UNITS/DAY: PER ELIG .048 .005 .041 .003 .001	DEC 200 ONTHLY S COS! \$ \$ \$.00 .00 04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82	GE \$.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR 648 63 550 35 19 14 5 174	RES MO	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001	DEC 200 ONTHLY S COST US \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 04 AVERA F PER SER 57.23 43.94 48.64 48.64 46.82 25.98 18.77	GE \$.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174	RES MO	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000	DEC 200 ONTHLY S COST US \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 04 AVERA F PER 557.23 43.94 48.64 48.64 48.64 46.82 25.98 18.77 46.60	GE \$.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5	RES MO	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40	6G 6H AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28	.000 .001 2004 THRU 1 8G M(UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .001 .000	DEC 200 ONTHLY S COST US \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00	GE \$.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR. 648 63 550 35 19 14 5 174 5 0	RES MO	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28	.000 .001 2004 THRU 1 8G MG UNITS/DAYS PER ELIG .048 .005 .041 .003 .001 .001 .001 .000	DEC 200 ONTHLY S COST US \$.00 .00 04 AVERA I PER 57.23 43.94 48.64 43.64 40.86 46.82 25.98 18.77 46.60 .00	GE \$.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5	RES MO	.00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28	.000 .001 2004 THRU 1 8G MG UNITS/DAYS PER ELIG .048 .005 .041 .003 .001 .001 .001 .000	DEC 200 ONTHLY S COST US \$.00 .00 04 AVERA I PER 57.23 43.94 48.64 43.64 40.86 46.82 25.98 18.77 46.60 .00	GE \$.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5 0 0 169	RES MO	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00	.000 .001 2004 THRU 1 8G M(UNITS/DAYS PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .00	DEC 200 ONTHLY S COS U \$ \$ \$.00 .00 04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00	GE : : : : : : : : : : : : : : : : : : :	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR 648 63 550 35 19 14 5 174 5 0 0 169 16,481	RES MCO SOC	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00	.000 .001 2004 THRU 1 8G MG UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .00	DEC 200 ONTHLY S COST \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .04 AVERA I PER 57.23 43.94 48.64 43.79 40.86 40.86 40.86 40.86 40.80 .00 .00 .00	GE :	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR 648 63 550 35 19 14 5 174 5 0 0 169 16,481	RES MO	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 10.11 30.56 .00	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .013 .000	DEC 200 ONTHLY S COST S S S S S S S S S S S S S S S S S S	.00 .00 .00 .04 AVERA I PER 57.23 43.94 48.64 43.79 40.86 40.86 40.86 40.86 17.62 71.20 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR 648 63 550 35 19 14 5 174 5 0 0 169 16,481 0 0	RES MCO SOCEEE \$.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01 .00	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 10.11 30.56 .00	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .013 .000 .000	DEC 200 ONTHLY S COST \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .04 AVERA I PER 557.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00 .017.62 71.20 .00	GE	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR 648 63 550 35 19 14 5 174 5 0 0 169 16,481	RES MO	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 10.11 30.56 .00	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .013 .000	DEC 200 ONTHLY S COST \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .04 AVERA I PER 57.23 43.94 48.64 43.79 40.86 40.86 40.86 40.86 17.62 71.20 .00	GE	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0	9 ES AND EXPENDITUE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CAR 648 63 550 35 19 14 5 174 5 0 0 169 16,481 0 0	RES MCO SOC	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 .00 1,708.92 503,676.01 .00 .00	AVE PER \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 10.11 30.56 .00	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .00	DEC 200 ONTHLY S COSS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .04 AVERA I PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0 0 0 0	9 ES AND EXPENDITUE // DENTAL ICES FOR MN - No UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5 0 0 169 16,481 0 0 0	RES MO	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 .00 1,708.92 503,676.01 .00 .00	6G 6H AVE PER \$ \$ \$ \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 .00	.000 .001 2004 THRU 1 8G MC UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .00	DEC 200 ONTHLY S COSS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .04 AVERA I PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .13 37.68 .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0 0 1,976	9 ES AND EXPENDITUE // DENTAL ICES FOR MN - No UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5 0 0 169 16,481 0 0 0 10,033	RES MCO SOC	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01 .00 .00 .00 .00 .00 .00	6G 6H AVE PER \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 .00 .00 .00 .00 .00 .221.93	.000 .001 2004 THRU 1 8G M(UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .00	DEC 200 ONTHLY S COSS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL HOSP INPATIENT TOTAL	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0 0 1,976 229	9 ES AND EXPENDITURE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5 0 0 169 16,481 0 0 0 10,033 812	RES MO	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01 .00 .00 .00 .00 .00 .00 .00 .00	6G 6H AVE PER \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 .00 .00 .00 .00 .00 .21.93 2430.86	.000 .001 2004 THRU 1 8G M UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .013 1.233 .000 .000 .013 1.233 .000	DEC 200 ONTHLY S COS! \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00 .17.62 71.20 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0 0 1,976	9 ES AND EXPENDITUE // DENTAL ICES FOR MN - No UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5 0 0 169 16,481 0 0 0 10,033	RES MO	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01 .00 .00 .00 .00 .00 .00	6G 6H AVE PER \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 .00 .00 .00 .00 .00 .221.93	.000 .001 2004 THRU 1 8G M(UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .00	DEC 200 ONTHLY S COS! \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 13,368 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL HOSP INPATIENT TOTAL	12 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 220 60 183 24 7 5 2 101 4 0 0 97 164 0 0 0 1,976 229	9 ES AND EXPENDITURE DENTAL TICES FOR MN - NO UNITS OF SERVICE OR DAYS OF CARE 648 63 550 35 19 14 5 174 5 0 0 169 16,481 0 0 0 10,033 812	RES MO	.00 .00 .00 DNTH-OF-PAYMENT R - DISABLED 64 EXPENDITURES 12,589.57 2,636.67 8,901.89 1,051.01 286.03 234.08 51.95 1,895.32 186.40 .00 .00 1,708.92 503,676.01 .00 .00 .00 .00 .00 .00 .00 .00	6G 6H AVE PER \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 FOR JAN 2 6U 6V 6X RAGE COST UNIT/DAY 19.43 41.85 16.19 30.03 15.05 16.72 10.39 10.89 37.28 .00 .00 .00 .00 .00 .00 .00 .21.93 2430.86	.000 .001 2004 THRU 1 8G M UNITS/DAY: PER ELIG .048 .005 .041 .003 .001 .001 .000 .013 .000 .000 .013 1.233 .000 .000 .013 1.233 .000	DEC 200 ONTHLY S COS! \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .04 AVERA F PER 57.23 43.94 48.64 43.79 40.86 46.82 25.98 18.77 46.60 .00 .00 .17.62 71.20 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	.00 AGE 15,462 03/14/05 COST PER ELIGIBLE .94 .20 .67 .08 .02 .02 .00 .14 .01 .00 .00 .13 37.68 .00 .00 .00 .00 .166.57 147.66

OUTPATIENT SURGERY

157 392 43,244.93 110.32 .029 275.45 3.23

NON-HSC HOSPITAL TOTAL	100	642		1,643,119.20	2559.38	.048	16431.19		122.91
ACCOMMODATIONS	100	642		414,276.53	645.29	.048	4142.77		30.99
ADMINISTRATIVE DAYS	1	7		578.25	82.61	.001	578.25		.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	99	635		413,698.28	651.49	.048	4178.77		30.95
ANCILLARIES	100	0		1,228,842.67	.00	.000	12288.43		91.92
INPATIENT CROSSOVERS	110	0		100,838.71	.00	.000	916.72		7.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,831	9,221		252,810.92	27.42	.690	138.07		18.91
MEDICAL	454	704		28,756.93	40.85	.053	63.34		2.15
SURGERY	129	143		8,163.45	57.09	.011	63.28		.61
PATHOLOGY	447	2,325		24,866.54	10.70	.174	55.63		1.86
RADIOLOGY	300	455		46,923.37	103.13	.034	156.41		3.51
ROOM USE	547	816		34,962.46	42.85	.061	63.92		2.62
CROSSOVERS/ALL OTH OUTPINT	1,117	4,778		109,138.17	22.84	.357	97.71		8.16
@COUNTY HOSPITAL TOTAL	8	74	\$	64,884.52	\$ 876.82	.006	\$ 8110.57	\$	4.85
CO HOSPITAL INPATIENT TOTAL	3	54		64,177.24	1188.47	.004	21392.41		4.80
HSC HOSPITALS	3	42		56,784.00	1352.00	.003	18928.00		4.25
NON-HSC HOSPITALS TOTAL	1	12		7,393.24	616.10	.001	7393.24		.55
ACCOMMODATIONS	1	12		2,775.60	231.30	.001	2775.60		.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	12		2,775.60	231.30	.001	2775.60		.21
ANCILLARIES	1	0		4,617.64	.00	.000	4617.64		.35
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	7	20		707.28	35.36	.001	101.04		.05
MEDICAL	2	3		108.57	36.19	.000	54.29		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		20.04	20.04	.000	20.04		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	4	5		296.22	59.24	.000	74.06		.02
CROSSOVERS/ALL OTH OUTPINT		11		282.45	25.68	.001	70.61		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PI	AGE 15,463
MOP024	FEE-FOR-SERVICE/DENTA								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES F	OR MN - N	10 SO	C - DISABLED 64 6	6G 6H 6U 6V 6X	8 8 G			
						M	MONTHLY AVERA	GE -	

					MO	NTHLY AVERA	GE
13,368 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,970	9,959	\$ 2,161,788.31	\$ 217.07	.745	\$ 1097.35	\$ 161.71
COMM HOSP INPATIENT TOTAL	227	758	1,909,684.67	2519.37	.057	8412.71	142.85
HSC HOSPITALS	18	128	173,120.00	1352.50	.010	9617.78	12.95
NON-HSC HOSPITALS TOTAL	100	630	1,635,725.96	2596.39	.047	16357.26	122.36
ACCOMMODATIONS	100	630	411,500.93	653.18	.047	4115.01	30.78
ADMINISTRATIVE DAYS	1	7	578.25	82.61	.001	578.25	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	623	410,922.68	659.59	.047	4150.73	30.74
ANCILLARIES	100	0	1,224,225.03	.00	.000	12242.25	91.58
INPATIENT CROSSOVERS	110	0	100,838.71	.00	.000	916.72	7.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,824	9,201	252,103.64	27.40	.688	138.21	18.86
MEDICAL	452	701	28,648.36	40.87	.052	63.38	2.14
SURGERY	129	143	8,163.45	57.09	.011	63.28	.61
PATHOLOGY	446	2,324	24,846.50	10.69	.174	55.71	1.86
RADIOLOGY	300	455	46,923.37	103.13	.034	156.41	3.51
ROOM USE	543	811	34,666.24	42.75	.061	63.84	2.59

CROSSOVERS/ALL OTH OUTPINT	1,113	4,767		108,855.72		22.84	.357	97.80		8.14
@STATE HOSPITAL	5	152	\$	119,240.54		784.48	.011	\$ 23848.11	\$	8.92
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	5	152		119,240.54		784.48	.011	23848.11		8.92
@NURSING FACILITY	82	1,873	\$	486,216.35	\$	259.59	.140	\$ 5929.47	\$	36.37
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000	.00		.00
LEV B-REHAB MD	16	573		79,456.00		138.67	.043	4966.00		5.94
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1.0	473		260,664.20		551.09	.035	26066.42		19.50
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	62	827		146,096.15		176.66	.062	2356.39		10.93
@INTERMEDIATE CARE FACILDD	0 62 13	364	Ś	68,262.90	Ś	187.54		\$ 5250.99	Ś	5.11
	1	0	-	2,245.85	т.	.00	.000	2245.85	7	.17
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	12	364		66,017.05		181.37	.027	5501.42		4.94
QHEMODIALYSIS TOTAL	297	13,880	\$	538,548.89	\$			\$ 1813.30	Ś	40.29
ICF DDH ICF DD ICF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED	23,	0	Ψ.	.00	т	.00	.000	.00	т	.00
HEMODIALVSIS CENTER	297	13,880		538,548.89		38.80	1.038	1813.30		40.29
AREHARITTATION FACILITY	84	1,220	Ś	18,927.88	\$			\$ 225.33	Ś	1.42
UOCDITAL BACED	15	241	Ÿ	4,766.97	Y	19.78	.018	317.80	Y	.36
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	70	979		14,160.91		14.46	.073	202.30		1.06
ALABODATION FACILITY	136	2 , 737	Ś	34,152.89	Ċ	12.48	.205		Ċ	2.55
DAMIOLOCY	430	2,737	Ą	33,724.82	۲	12.40	.199	80.68	۲	2.52
XO AND OTHERS	18	2,002 75		428.07		5.71	.006	23.78		.03
@ORGANIZED OUTPATIENT CLINIC	1 0 0 2	3 , 732	\$	266,012.90				\$ 147.54	ċ	19.90
	40	109	Ą		Ą				Ą	
CLINIC	40 19	37		2,855.19		26.19	.008	71.38		.21
SURGICENTER				4,128.32		111.58	.003	217.28		.31
HEROIN DETOX CLINIC	10 1,747	117		1,436.22		12.28	.009	143.62		.11
RURAL HEALTH CLINIC	1,/4/	3,469		257,593.17		74.26	.260	147.45	_	19.27
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	REPOR'	T FOR JAN 2	2004 THRU D	EC 2004	P	AGE 15,464
MOP024	FEE-FOR-SERVICE									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR MN - No	o soc	C - DISABLED 64	6G 6	H 6U 6V 6X				
10.060			_					NTHLY AVERA	-	
13,368 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER		COST PER
	1,390	OR DAYS OF CAR				R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,390	- ,	\$	490,986.52	Ş	4.72	7.782		Ş	36.73
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	149	530		103,330.93		194.96	.040	693.50		7.73
BLOOD BANK	0	0		.00		.00 70.07 3.22 18.59	.000	.00		.00
HEARING AID DISPENSERS	12	17		1,191.17		70.07	.001	99.26		.09
MEDICAL TRANSPORTATION	289	48,387		155,683.91		3.22	3.620	538.70		11.65
AMBULANCES/AIR TRANS	86	766		14,242.50		18.59	.057	165.61		1.07
OTHER TRANS	188	47 , 578		132,390.04		2.78	3.559	704.20		9.90
OTHER SERVICES	21	43		9,051.37		210.50	.003	431.02		.68
ACUPUNCTURE	16	47		775.47		16.50	.004	48.47		.06
ADULT DAY HEALTH CARE CTR	13	192		13,369.80		69.63	.014	1028.45		1.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.000	105.00		.01
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE Y-RAY	45	440		21,378.82		48.59	.033	475.08		1.60
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	213	489		5,425.31		11.09	.037	25.47		.41
PHYSICAL THERAPIST	8	41		527.82		12.87	.003	65.98		.04
PORTABLE Y-RAV	1	2		38 68		19 34	000	38 68		$\cap \cap$

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

1

20

20

0

15

44

2

110

110

0

91

135

38.68

15,936.12

15,936.12

.00

742.70

7,133.39

19.34

144.87

144.87

.00

8.16

52.84

.000

.008

.008

.000

.007

.010

38.68

796.81

796.81

.00

49.51

162.12

.00

1.19

1.19

.00

.06

HOSPICE SERVICES	2.4	411		60,459.90	147.10	.031	2519.16	4.52
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	111	4,512		35,486.95	7.87	.338	319.70	2.65
EPSDT SUPPLEMENTAL SERVICE	5	1,174		28,449.30	24.23	.088	5689.86	2.13
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	547	47,447		40,951.25	.86	3.549	74.87	3.06
@CALIF. CHILDREN SERVICES*	166	5,064	\$	137,053.07	\$ 27.06	.379	\$ 825.62	\$ 10.25
@XOVER EXCLUDING STATE HOSP**	2,396	33,397	\$	474,033.70	\$ 14.19	2.498	\$ 197.84	\$ 35.46
A* TOTALS IN THESE LINES ARE CIVEN	I AS A SEDARATE	TNEORMATION	TTEM ONLY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,465
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

						MON	THLY AVERA	GE
194,099 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	71,801	351,464	\$	25,158,720.31	\$ 71.58	1.811	350.40	\$ 129.62
@PHYSICIANS SERVICES	21,913	55 , 075	\$	2,712,537.73	\$ 49.25	.284	123.79	\$ 13.98
OUTPATIENT VISITS	14,123	18,640		695,560.09	37.32	.096	49.25	3.58
OFFICE VISITS	7 , 679	9,794		282,268.23	28.82	.050	36.76	1.45
HOME VISITS	1	2		50.40	25.20	.000	50.40	.00
EMERGENCY ROOM	5,604	6,533		321,241.89	49.17	.034	57.32	1.66
PREVENTIVE CARE	174	178		6,941.15	39.00	.001	39.89	.04
OB VISITS/COMPRE PERI	460	1,028		57,494.21	55.93	.005	124.99	.30
OTHER OUTPATIENT	980	1,105		27,564.21	24.94	.006	28.13	.14
INPATIENT VISITS	1 , 356	4,514		295,503.64	65.46	.023	217.92	1.52
HOSPITAL VISITS	1,274	3,502		161,897.54	46.23	.018	127.08	.83
CRITICAL CARE	173	1,010		133,538.60	132.22	.005	771.90	.69
SNF/ICF/TRANS IP CARE	2	2		67.50	33.75	.000	33.75	.00
OPHTHALMOLOGICAL SERVICES	312	378		16,472.93	43.58	.002	52.80	.08

EXAMINATIONS	308	377		16,344.94		43.36	.002		53.07		.08
SERVICES AND MATERIALS	4	1		127.99		127.99	.000		32.00		.00
INPATIENT HOSPITAL SURGERY	1,510	7,709		704,842.80		91.43	.040		466.78		3.63
PRINCIPAL SURGEON	931	1,130		538,661.05		476.69	.006		578.58		2.78
ASSISTANT SURGEON	126	132		22,514.82		170.57	.001		178.69		.12
ANESTHESIOLOGIST	703	6,447		143,666.93		22.28	.033		204.36		.74
OUTPATIENT SURGERY	1,800	4,582		287,184.85		62.68	.024		159.55		1.48
PRINCIPAL SURGEON	1,460	1,869		222,017.64		118.79	.010		152.07		1.14
ASSISTANT SURGEON	27	27		2,529.63		93.69	.000		93.69		.01
ANESTHESIOLOGIST	424	2,686		62,637.58		23.32	.014		147.73		.32
DIALYSIS	61	85		17,773.60		209.10	.000		291.37		.09
PATHOLOGY	2,115	3,976		70,224.34		17.66	.020		33.20		.36
RADIOLOGY	5,720	8,699		321,369.81		36.94	.045		56.18		1.66
PSYCHIATRY	1	1		29.18		29.18	.000		29.18		.00
IMMUNIZATION AND INJECTION	317	2,381		105,108.24		44.14	.012		331.57		.54
OTHER SERVICES/ALL X-OVERS	1,895	4,110		198,468.25		48.29	.021		104.73		1.02
@PHARMACY	29 , 777	82 , 203	\$	3,751,981.72	\$	45.64	.424	\$	126.00	\$	19.33
PRESCRIPTION DRUGS	29,523	66 , 519		3,656,083.54		54.96	.343		123.84		18.84
SNF/ICF	12	57		20,204.68		354.47	.000		1683.72		.10
OUTPATIENTS	29,512	66,462		3,635,878.86		54.71	.342		123.20		18.73
MEDICAL SUPPLIES	1,025	15 , 684		95,898.18		6.11	.081		93.56		.49
@DENTIST	6 , 820	34,583	\$	1,041,809.92	\$	30.12	.178	\$		\$	5.37
VISITS - DIAGNOSTIC	5,001	22,045		312,528.01		14.18	.114		62.49		1.61
ORAL SURGERY	1,023	2 , 359		141,265.50		59.88	.012		138.09		.73
DRUGS	48	56		961.68		17.17	.000		20.04		.00
ANESTHESIA	53	54		4,500.00		83.33	.000		84.91		.02
PERIODONTICS	100	106		9,302.22		87.76	.001		93.02		.05
ENDODONTICS	589	1,190		126,746.15		106.51	.006		215.19		.65
RESTORATIVE DENTISTRY	2,537	7 , 792		387 , 961.50		49.79	.040		152.92		2.00
PROSTHETICS	13	12		300.00		25.00	.000		23.08		.00
DENTURES, STAYPLATES	88	373		35,146.00		94.23	.002		399.39		.18
SPACE MAINTAINERS	40	47		4,253.00		90.49	.000		106.33		.02
MAXILLOFACIAL SERVICES	11	14		2,604.92		186.07	.000		236.81		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	213	255		15 , 079.94		59.14	.001		70.80		.08
ALL OTHER SERVICES	202	280		1,161.00		4.15	.001		5.75		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MC	NTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P	AGE 15,466
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	S FOR MN-NOS	OC-FAM	1 34 39 3N 3T 3V 5	54 5	9 5J 5W-5Y	6J 7J 7K				

----- MONTHLY AVERAGE -----194,099 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .022 \$ @OPTOMETRIST 1,420 4,329 97,053.33 22.42 68.35 \$.50 42.35 45.33 .24 DIAGNOSTIC AND ANC. PROCED 1,009 1,080 45,733.69 .006 47,716.69 45.02 EYE APPLIANCES 1,060 3,177 15.02 .016 .25 OTHER OPTOMETRIC SERVICES 66 72 3,602.95 50.04 .000 54.59 .02 @CHIROPRACTOR 123 289 4,727.91 16.36 .001 \$ 38.44 \$.02 VISITS 121 286 4,690.13 38.76 .02 16.40 .001 OTHER SERVICES 2 3 37.78 12.59 .000 18.89 .00 31 45 33.31 48.35 \$.01 @PODIATRIST 1,498.97 .000 \$ 28 34 1,193.80 35.11 .000 42.64 .01 MEDICINE/INJECTIONS SURGERY/ANES. 3 3 65.95 21.98 .000 21.98 .00 32.87 RADIO./PATHOLOGY 6 131.48 21.91 .000 .00 OTHER 1 2 107.74 53.87 107.74 .00 .000 335 747 \$ 46,327.28 62.02 .004 \$ 138.29 \$ @HOME HEALTH AGENCY .24 NURSE ANESTHESIST 8 148 2,204.95 14.90 .001 \$ 275.62 \$.01

NURSE MIDWIFE	583	4,250 \$	141,133.65	\$ 33.21	.022	242.08	\$.73	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00				\$.00	
FAMILY NURSE PRACTITIONER	_	19 \$	415.29					
@TOTAL HOSPITAL	7 19 , 186	77,269 \$	12,922,987.29	\$ 167.25	.398	673.56	\$ 66.58	
HOSP INPATIENT TOTAL	1,443	6.337	10,840,534.55	1710.67	.033		55.85	
HSC HOSPITALS	151	1 0 1 4	1,739,925.09		.006	11522.68	8.96	
NON-HSC HOSPITAL TOTAL		5,263	9,092,752.16	1727.67	.027	7005.20	46.85	
ACCOMMODATIONS	1,296	5 , 263	3,369,823.84	640.29	.027	2600.17	17.36	
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	3	21	7 170 20	221 20	.000	2390.10	.04	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,293	5,232	3,362,653.54	642.71	.027	2600.66	17.32	
ANCILLARIES	1,298	0	5,722,928.32	.00	.000	4409.04	29.48	
INPATIENT CROSSOVERS ALL OTHER INPATIENT	. 8	5,232 0 0 0 0 70,932	7,857.30	.00	.000	982.16	.04	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	18,318	70,932	2,082,452.74	29.36	.365	113.68	10.73	
MEDICAL	0,500	9,020	315,000.03	29.36 34.92 45.62	.046	47.97	1.62	
SURGERY	1,812	2,187	99,763.16	45.62	.011	55.06	.51	
PATHOLOGY RADIOLOGY	5 , 830	20,693	258,319.70	12.48	.107	44.31	1.33	
RADIOLOGY	4,476	20,693 6,010	406,212.36	12.48 67.59	.031	90.75	2.09	
ROOM USE	12,053	16,084	606,121.90	37.68	.083	50.29	3.12	
CROSSOVERS/ALL OTH OUTPINT		16,938	397,035.59 152,550.33	23.44	.087	65.45	2.05	
@COUNTY HOSPITAL TOTAL	6,066 66 6 0 0 0 0	361 \$ 105 105 0 0 0 0 0 0 0 256 28 18	152,550.33	\$ 422.58	.002	2311.37	\$.79	
CO HOSPITAL INPATIENT TOTAL	6	105			.001	23620.67	.73	
HSC HOSPITALS	6	105	141,724.00 141,724.00	1349.75	.001	23620.67	.73	
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 177.48 54.68	.00	
CO HOSP OUTPATIENT TOTAL MEDICAL	61	256	10,826.33	42.29 42.97	.001	177.48	.06	
MEDICAL	22	28	1,203.03	42.97	.000		.01	
SURGERY	11 17	18 69	584.81		.000	53.16	.00	
PATHOLOGY		69	1,730.20	25.08	.000	101.78		
RADIOLOGY	12	17	1,263.13	74.30	.000	105.26	.01	
ROOM USE	40	73	3,830.22	52.47	.000	95.76	.02	
CROSSOVERS/ALL OTH OUTPINI		51	2,214.94	43.43	.000	79.11	.01	
		ES AND EXPENDITURES N	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	EC 2004		
MOP024	FEE-FOR-SERVICE						03/14/05	
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN-NOSOC-FA	AM 34 39 3N 3T 3V	54 59 5J 5W-5Y				
							GE	
194,099 ELIGIBLES	USERS		EXPENDITURES	AVERAGE COST		COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER		
@COMMUNITY HOSPITAL TOTAL	19,132	76 , 908 \$	12,770,436.96	\$ 166.05	.396	667.49		
COMM HOSP INPATIENT TOTAL	1,438	6,232	10,698,810.55	1716.75	.032	7440.06	55.12	
HSC HOSPITALS	145	969	1,598,201.09	1649.33	.005	11022.08	8.23	
NON-HSC HOSPITALS TOTAL	1,298	5,263	9,092,752.16	1727.67	.027	7005.20	46.85	
ACCOMMODATIONS	1,296	5,263	3,369,823.84	640.29	.027	2600.17	17.36	
ADMINISTRATIVE DAYS	3	31	7,170.30	231.30	.000	2390.10	.04	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1,293	5,232	3,362,653.54	642.71	.027	2600.66	17.32	
ANCILLARIES	1 , 298	0	5,722,928.32	.00	.000	4409.04	29.48	
INPATIENT CROSSOVERS	8	0	7,857.30	.00	.000	982.16	.04	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

	40.000										
COMM HOSP OUTPATIENT TOTAL	18,268	70,676		2,071,626.41		29.31	.364		113.40		10.67
MEDICAL	6,544	8,992		313,797.00		34.90			47.95		1.62
SURGERY	1,802	2,169		99,178.35		45.73			55.04		.51
PATHOLOGY	5,814	20,624				12.44			44.13		1.32
RADIOLOGY	4,466	5,993		404,949.23					90.67		2.09
ROOM USE	12,018	16,011		602,291.68					50.12		3.10
CROSSOVERS/ALL OTH OUTPTNT	6,040	16 , 887		394,820.65							2.03
@STATE HOSPITAL	0	0	\$.00	\$.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	4	36	\$	4,627.36	\$	128.54	.000	\$	1156.84	\$.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	3		360.81		120.27	.000		360.81		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	5		2,765.75		553.15	.000		2765.75		.01
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	28		1,500.80		53.60	.000		750.40		.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	128	4,825	\$	200,752.86	\$	41.61	.025	\$	1568.38	\$	1.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	128	4,825		200,752.86		41.61	.025		1568.38		1.03
@REHABILITATION FACILITY	82	1,152	\$	17,942.78	\$	15.58	.006	\$	218.81	\$.09
HOSPITAL BASED	10	73		2,038.33		27.92	.000		203.83		.01
INDEPENDENT FACILITY	72	1,079		15,904.45			.006		220.90		.08
@LABORATORY FACILITY	5 , 851	17,214	\$	256,959.90	\$	14.93	.089	\$	43.92	\$	1.32
PATHOLOGY	5,844	17,197		256,723.24		14.93	.089		43.93		1.32
XO AND OTHERS	. 8	17		236.66		13.92	.000		29.58		.00
@ORGANIZED OUTPATIENT CLINIC	18,770	33,714	\$	3,450,493.41	\$	102.35	.174	\$	183.83	\$	17.78
CLINIC	1,570	5 , 750		176,208.19		30.64	.030	·	112.23	·	.91
SURGICENTER	38	171		6,801.47		39.77	.001		178.99		.04
HEROIN DETOX CLINIC	23	276		3,388.16		12.28	.001		147.31		.02
RURAL HEALTH CLINIC	17,218	27,517		3,264,095.59		118.62	.142		189.57		16.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO		EPOR:			DEC		PA	GE 15,468
MOP024	FEE-FOR-SERVICE/DE										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE		OC-FAN	M 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	6J 7J 7K				

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 194,099 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

 505,265.96
 \$ 14.21
 .183

 65,490.21
 112.33
 .003

 420.75
 140.25
 .000

 9,059.01
 292.23
 .000

 142,828.96
 14.22
 .052

 102,614.30
 17.94
 .029

 8,313.87
 1.94
 .022

 31,900.79
 1100.03
 .000

 2,307.27
 17.09
 .001

 636.66
 70.74
 .000

 28,359.00
 104.65
 .001

 399.45
 199.73
 .000

 .00
 .00
 .000

 23,137.68
 9.08
 .013

 1,522.93
 14.64
 .001

 4,635 505,265.96 \$ 14.21 .183 \$ 109.01 \$ @ALL OTHER PROVIDERS 35**,**566 \$ 2.60 583 DURABLE MED. EQUIP. 196 334.13 .34 2 11 31 210.38 BLOOD BANK 823.55 HEARING AID DISPENSERS .05 673 10,042 .74 MEDICAL TRANSPORTATION 212.23 658 5,721 155.95 AMBULANCES/AIR TRANS 12 21 4,292 692.82 .04 OTHER TRANS OTHER SERVICES 29 1519.09 .16 135 45.24 ACUPUNCTURE 1 9 636.66 ADULT DAY HEALTH CARE CTR .00 271 271 104.65 GENETIC DISEASE TESTING .15 399.45 1 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 OCCUPATIONAL THERAPIST .00 .00 1,153 OPTICIAN 2,548 .013 20.07 .12 23,137.68 9.08 1,522.93 14.64 PHYSICAL THERAPIST 104 76.15 .01

0	0		.00		.00	.000		.00		.00
79	304		50,979.83		167.70	.002		645.31		.26
79	304		50,979.83		167.70	.002		645.31		.26
0	0		.00		.00	.000		.00		.00
10	25		950.25		38.01	.000		95.03		.00
130	296		18,247.54		61.65	.002		140.37		.09
2	13		1,132.15		87.09	.000		566.08		.01
28	28		27,322.29		975.80	.000		975.80		.14
1,879	12,318		125,826.25		10.21	.063		66.96		.65
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
196	8,854		6 , 645.73		.75	.046		33.91		.03
849	13,196	\$	2,658,679.19	\$	201.48	.068	\$	3131.54	\$	13.70
307	1,845	\$	71,441.01	\$	38.72	.010	\$	232.71	\$.37
	2 28 1,879 0 0 0 196 849	79 304 0 0 10 25 130 296 2 13 28 28 1,879 12,318 0 0 0 0 0 0 196 8,854 849 13,196	79 304 0 0 10 25 130 296 2 13 28 28 1,879 12,318 0 0 0 0 0 0 196 8,854 849 13,196 \$	79 304 50,979.83 79 304 50,979.83 0 0 .00 10 25 950.25 130 296 18,247.54 2 13 1,132.15 28 28 27,322.29 1,879 12,318 125,826.25 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 196 8,854 6,645.73 849 13,196 \$ 2,658,679.19	79	79 304 50,979.83 167.70 79 304 50,979.83 167.70 0 0 .00 .00 10 25 950.25 38.01 130 296 18,247.54 61.65 2 13 1,132.15 87.09 28 28 27,322.29 975.80 1,879 12,318 125,826.25 10.21 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 196 8,854 6,645.73 .75 849 13,196 \$ 2,658,679.19 \$ 201.48	79 304 50,979.83 167.70 .002 79 304 50,979.83 167.70 .002 0 0 .00 .00 .000 10 25 950.25 38.01 .000 130 296 18,247.54 61.65 .002 2 13 1,132.15 87.09 .000 28 28 27,322.29 975.80 .000 1,879 12,318 125,826.25 10.21 .063 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 196 8,854 6,645.73 .75 .046 849 13,196 \$ 2,658,679.19 \$ 201.48 .068	79 304 50,979.83 167.70 .002 79 304 50,979.83 167.70 .002 0 0 .00 .00 .000 10 25 950.25 38.01 .000 130 296 18,247.54 61.65 .002 2 13 1,132.15 87.09 .000 28 28 27,322.29 975.80 .000 1,879 12,318 125,826.25 10.21 .063 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 196 8,854 6,645.73 .75 .046 849 13,196 \$ 2,658,679.19 \$ 201.48 .068 \$	79 304 50,979.83 167.70 .002 645.31 79 304 50,979.83 167.70 .002 645.31 0 0 .00 .00 .000 .00 10 25 950.25 38.01 .000 95.03 130 296 18,247.54 61.65 .002 140.37 2 13 1,132.15 87.09 .000 566.08 28 28 27,322.29 975.80 .000 975.80 1,879 12,318 125,826.25 10.21 .063 66.96 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 196 8,854 6,645.73 .75 .046 33.91 849 13,196 \$ 2,658,679.19 \$ 201.48 .068 \$ 3131.54	79 304 50,979.83 167.70 .002 645.31 79 304 50,979.83 167.70 .002 645.31 0 0 .00 .00 .000 .00 10 25 950.25 38.01 .000 95.03 130 296 18,247.54 61.65 .002 140.37 2 13 1,132.15 87.09 .000 566.08 28 28 27,322.29 975.80 .000 975.80 1,879 12,318 125,826.25 10.21 .063 66.96 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 196 8,854 6,645.73 .75 .046 33.91 849 13,196 \$ 2,658,679.19 \$ 201.48 .068 \$ 3131.54 \$

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,469
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

SONOMA COUNTY	SUMMARY OF SER	VICES FOR MN - NO :	SOC	- TOTAL						
						MO			GΕ	
226,058 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CARE			UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	97 , 226	•	\$	41,956,510.36	\$ 46.29	4.010				185.60
@PHYSICIANS SERVICES	27 , 168	,	\$	3,487,668.69	\$ 41.70	.370	\$	128.37	\$	15.43
OUTPATIENT VISITS	15,411	20,447		769,242.47	37.62	.090		49.92		3.40
OFFICE VISITS	8 , 621	11,108		324,715.05	29.23	.049		37.67		1.44
HOME VISITS	1	2		50.40	25.20	.000		50.40		.00
EMERGENCY ROOM	5 , 953	6,956		350,602.29	50.40	.031		58.90		1.55
PREVENTIVE CARE	174	178		6,941.15	39.00	.001		39.89		.03
OB VISITS/COMPRE PERI	460	1,028		57,494.21	55.93	.005		124.99		.25
OTHER OUTPATIENT	1,045	1,175		29,439.37	25.05	.005		28.17		.13
INPATIENT VISITS	1,684	6,276		377,889.87	60.21	.028		224.40		1.67
HOSPITAL VISITS	1,578	5,098		228,424.00	44.81	.023		144.76		1.01
CRITICAL CARE	208	1,140		148,134.29	129.94	.005		712.18		.66
SNF/ICF/TRANS IP CARE	27	38		1,331.58	35.04	.000		49.32		.01
OPHTHALMOLOGICAL SERVICES	455	557		23,765.51	42.67	.002		52.23		.11
EXAMINATIONS	449	554		23,566.94	42.54	.002		52.49		.10
SERVICES AND MATERIALS	6	3		198.57	66.19	.000		33.10		.00
INPATIENT HOSPITAL SURGERY	1,655	8,812		772,738.36	87.69	.039		466.91		3.42
PRINCIPAL SURGEON	1,027	1,265		589,410.65	465.94	.006		573.91		2.61
ASSISTANT SURGEON	139	147		25,667.46	174.61	.001		184.66		.11
ANESTHESIOLOGIST	761	7,400		157,660.25	21.31	.033		207.18		.70
OUTPATIENT SURGERY	2,036	5,151		352,298.67	68.39	.023		173.03		1.56
PRINCIPAL SURGEON	1,658	2,147		278,727.76	129.82	.009		168.11		1.23
ASSISTANT SURGEON	. 33	33		3,065.76	92.90	.000		92.90		.01
ANESTHESIOLOGIST	474	2,971		70,505.15	23.73	.013		148.75		.31
DIALYSIS	224	332		62,705.50	188.87	.001		279.94		.28
PATHOLOGY	2,391	4,885		82,431.77	16.87	.022		34.48		.36
RADIOLOGY	6,635	10,669		422,522.85	39.60	.047		63.68		1.87
PSYCHIATRY	1	1		29.18	29.18	.000		29.18		.00
IMMUNIZATION AND INJECTION	448	3,817		212,958.20	55.79	.017		475.35		.94
OTHER SERVICES/ALL X-OVERS	5,233	22,688		411,086.31	18.12	.100		78.56		1.82
@PHARMACY	50 , 189	•	\$	11,372,834.66	\$ 32.14	1.565	\$	226.60	\$	50.31
PRESCRIPTION DRUGS	49,526	150,683	-	11,076,087.19	73.51	.667		223.64	·	49.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	428	2,855	190,424.70	66.70	.013	444.92	.84
OUTPATIENTS	49,145	147,828	10,885,662.49		.654	221.50	48.15
MEDICAL SUPPLIES	3,075	203,152	296,747.47		.899	96.50	1.31
@DENTIST	7,896	38,793	\$ 1,222,442.42	\$ 31.51	.172	154.82	\$ 5.41
VISITS - DIAGNOSTIC	5,718	24,421	347,028.77	14.21	.108	60.69	1.54
ORAL SURGERY	1,209	2,936	172,441.99	58.73	.013	142.63	.76
DRUGS	53	61	986.68	16.18	.000	18.62	.00
ANESTHESIA	56	57	4,800.00	84.21	.000	85.71	.02
PERIODONTICS	141	149	13,523.22	90.76	.001	95.91	.06
ENDODONTICS	628	1,239	137,841.15	111.25	.005	219.49	.61
RESTORATIVE DENTISTRY	2,796	8,499	428,809.00	50.45	.038	153.37	1.90
PROSTHETICS	22	21	510.00	24.29	.000	23.18	.00
DENTURES, STAYPLATES	243	806	93,402.75	115.88	.004	384.37	.41
SPACE MAINTAINERS	40	47	4,253.00	90.49	.000	106.33	.02
MAXILLOFACIAL SERVICES	11	14	2,604.92	186.07	.000	236.81	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	213	255	15,079.94	59.14	.001	70.80	.07
ALL OTHER SERVICES	217	288	1,161.00	4.03	.001	5.35	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 15,470
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC - TOTAL				
					MON	NTHLY AVERA	GE
226,058 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,869	- /	\$ 123,031.15				·
DIAGNOSTIC AND ANC. PROCED	1,121	1,201	50,583.68		.005	45.12	.22
	1 110	4 2 6 7	66 060 04	4 - 04	010	4640	0.0

66,862.24

5,585.23

5,030.66

4,940.93

89.73

6,659.19 \$

15.31

36.50

16.28

16.42

11.22

11.64

.019

.001

.001

.000

.001 \$

.003 \$

46.43

48.57

38.90

22.43

38.40 \$

19.59 \$

.30

.02

.02

.02

.00

.03

4,367

153

309

301

8

572

EYE APPLIANCES

OTHER SERVICES

@CHIROPRACTOR

VISITS

@PODIATRIST

OTHER OPTOMETRIC SERVICES

1,440

115

131

127

4

340

MEDICINE/INJECTIONS SURGERY/ANES.	39 3	55 3	1,790.58 65.95	32.56 21.98	.000	45.91 21.98	.01
RADIO./PATHOLOGY	4	6	131.48	21.90	.000	32.87	.00
OTHER	299	508	4,671.18	9.20	.002	15.62	.02
@HOME HEALTH AGENCY	540	17,416 \$				1042.66	
NURSE ANESTHESIST	9	148 \$	2,204.95	\$ 14.90	.001 \$		
NURSE MIDWIFE	583	4,250 \$	141,133.65	\$ 33.21	.019 \$		
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	7	19 \$		\$ 21.86	.000 \$		
@TOTAL HOSPITAL	22,808	94,327 \$		\$ 175.16		724.39	
HOSP INPATIENT TOTAL	1,918	7,620	14,015,116.10	1839.25	.034	7307.15	62.00
HSC HOSPITALS	183	1,365	2,166,116.09	1586.90	.006	11836.70	9.58
NON-HSC HOSPITAL TOTAL	1,474	6 , 255	11,598,826.79	1854.33	.028	7868.95	51.31
ACCOMMODATIONS	1,471	6 , 255	4,036,376.66	645.30	.028	2743.97	17.86
ADMINISTRATIVE DAYS	5	39	7,979.85	204.61	.000	1595.97	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,466	6,216	4,028,396.81	648.07	.027	2747.88	17.82
ANCILLARIES	1,474	0	7,562,450.13	.00	.000	5130.56	33.45
INPATIENT CROSSOVERS	278	0	250,173.22	.00	.000	899.90	1.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21,636	86 , 707	2,506,788.67	28.91	.384	115.86	11.09
MEDICAL	7,320	10,195	360,103.95	35.32	.045	49.19	1.59
SURGERY	2,009	2,407	112,258.61	46.64	.011	55.88	.50
PATHOLOGY	6,616	24,542	301,734.71	12.29	.109	45.61	1.33
RADIOLOGY	5,039	6,861	484,455.43	70.61	.030	96.14	2.14
ROOM USE	12,913	17,328	658,690.64	38.01	.077	51.01	2.91
CROSSOVERS/ALL OTH OUTPINT		25,374	589,545.33	23.23	.112	72.45	2.61
@COUNTY HOSPITAL TOTAL	84	478 \$		\$ 465.09		2646.57	
CO HOSPITAL INPATIENT TOTAL		162	209,735.24	1294.66	.001	19066.84	.93
HSC HOSPITALS	11	150	202,342.00	1348.95	.001	18394.73	.90
NON-HSC HOSPITALS TOTAL	1	12	7,393.24	616.10	.000	7393.24	.03
ACCOMMODATIONS	1	12	2,775.60	231.30	.000	2775.60	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	12	2,775.60	231.30	.000	2775.60	.01
ANCILLARIES	1	0	4,617.64	.00	.000	4617.64	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	76	316	12,576.24	39.80	.001	165.48	.06
MEDICAL	26	37	1,666.21	45.03	.000	64.09	.01
SURGERY	11	18	584.81	32.49	.000	53.16	.00
PATHOLOGY	20	90	1,913.97	21.27	.000	95.70	.01
RADIOLOGY	13	19	1,297.10	68.27	.000	99.78	.01
ROOM USE	46	82	4,270.82	52.08	.000	92.84	.02
CROSSOVERS/ALL OTH OUTPTNT		70	2,843.33	40.62	.000	72.91	.01
		ES AND EXPENDITURES M					PAGE 15,471
MOP024	FEE-FOR-SERVICE		ONIH OF TATMENT KI	SIONI FON OAN 2	OUT THEO DE	IC 2004	03/14/05
SONOMA COUNTY		ICES FOR MN - NO SOC	- T○T↑T				03/14/03
SONOMA COUNTI	SOMMAN OF SERV	ICES FOR PIN NO SOC	IOIAL		MON	THILV AWERA	GE
226,058 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
220,000 111011110	OBERS	OR DAYS OF CARE	1711 END 11 ONEO	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22,738	93,849 \$	16,299,593.29	\$ 173.68		716.84	
COMM HOSP INPATIENT TOTAL	1,909	7,458	13,805,380.86	1851.08	.033	7231.73	61.07
HSC HOSPITALS	172	1,215	1,963,774.09	1616.27	.005	11417.29	8.69
NON-HSC HOSPITALS TOTAL	1,474	6,243	11,591,433.55	1856.71	.028	7863.93	51.28
ACCOMMODATIONS	1,471	6,243	4,033,601.06	646.10	.028	2742.08	17.84
VCCOLILIODY I TONO	1,7/1	0,243	4,000,001.00	040.10	.020	2172.00	11.04

ADMINISTRATIVE DAYS	5	39		7,979.85		204.61	.000	1595.	97	.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000	. (0.0	.00
ALL OTHER ACCOM	1,466	6,204		4,025,621.21		648.88	.027	2745.	99	17.81
ANCILLARIES	1,474	. 0		7,557,832.49		.00	.000	5127.	13	33.43
INPATIENT CROSSOVERS	278	0		250,173.22		.00	.000	899.		1.11
ALL OTHER INPATIENT	0	0		.00		.00	.000		00	.00
COMM HOSP OUTPATIENT TOTAL	21,571	86,391		2,494,212.43		28.87	.382	115.		11.03
MEDICAL	7,294	10,158		358,437.74		35.29	.045	49.		1.59
SURGERY	1,999	2,389		111,673.80		46.74	.011	55.		.49
PATHOLOGY	6,597	24,452		299,820.74		12.26	.108	45.		1.33
RADIOLOGY	5,028	6,842		483,158.33		70.62	.030	96.		2.14
ROOM USE	12,872	17,246		654,419.82		37.95	.076	50.		2.89
CROSSOVERS/ALL OTH OUTPTNT	• , • •	25,304		586,702.00		23.19	.112	72.		2.60
@STATE HOSPITAL	5	152	\$	119,240.54	\$	784.48	.001	\$ 23848.		.53
MENTALLY ILL	0	0		.00		.00	.000		00	.00
DEVELOP. DISABLED	5	152		119,240.54		784.48	.001	23848.		.53
@NURSING FACILITY	428	9,521	\$	1,719,460.73	\$	180.60	.042	\$ 4017.		7.61
LEV A-INTERMEDIATE	7	271		27,715.91		102.27	.001	3959.	12	.12
LEV B-REHAB MD	17	576		79,816.81		138.57	.003	4695.	L1	.35
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	. (0.0	.00
LEV B-SUBACUTE HSPTL BASED	13	531		294,173.66		554.00	.002	22628.	7 4	1.30
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	_ (00	.00
LEV B-REGULAR	399	8,143		1,317,754.35		161.83	.036	3302.	54	5.83
@INTERMEDIATE CARE FACILDD	13	364	\$	68,262.90	\$	187.54		\$ 5250.		.30
ICF DDH	1	0		2,245.85	·	.00	.000	2245.		.01
ICF DD	0	0		.00		.00	.000		00	.00
ICF DDN/DDCN	12	364		66,017.05		181.37	.002	5501.		.29
@HEMODIALYSIS TOTAL	543	22,153	\$	927,902.40	Ś	41.89	.098			4.10
HOSPITAL BASED	0	0	Ψ	.00	Ψ	.00	.000		00	.00
HEMODIALYSIS CENTER	543	22,153		927,902.40		41.89	.098	1708.		4.10
@REHABILITATION FACILITY	169	2,378	\$	37,027.37	\$	15.57	.011			.16
HOSPITAL BASED	28	320	Y	6,962.01	Y	21.76	.001	248.		.03
INDEPENDENT FACILITY	142	2,058		30,065.36		14.61	.009	211.		.13
@LABORATORY FACILITY	6 , 615	21,727	\$	309,910.63	\$	14.01	.096		35 \$	1.37
	6,587	21,727	Ą	•	Ą		.096	46.		1.37
PATHOLOGY	29	•		309,178.39 732.24		14.30 7.40		25.		.00
XO AND OTHERS		99	Ċ		Ċ		.000			
@ORGANIZED OUTPATIENT CLINIC	22,198	40,069	\$	3,915,138.62	\$	97.71	.177			17.32
CLINIC	1,613	5,868		179,664.79		30.62	.026	111.		.79
SURGICENTER	109	287		23,508.45		81.91	.001	215.		.10
HEROIN DETOX CLINIC	33	393		4,824.38		12.28	.002	146.		.02
RURAL HEALTH CLINIC	20,537	33,521		3,707,141.00		110.59	.148	180.		16.40
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	REPORT	' FOR JAN :	2004 THRU	DEC 2004	-	PAGE 15,472
MOP024	FEE-FOR-SERVICE									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	o soc	- TOTAL						
								ONTHLY AV	-	
226,058 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		ER	COST PER
		OR DAYS OF CAR					PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	7,741	211,062	\$	1,413,205.52	\$	6.70	.934			6.25
DURABLE MED. EQUIP.	416	1,379		212,536.61		154.12	.006	510.		.94
BLOOD BANK	2	3		420.75		140.25	.000	210.		.00
HEARING AID DISPENSERS	65	109		23,445.87		215.10	.000	360.		.10
MEDICAL TRANSPORTATION	1,138	79 , 979		364,817.61		4.56	.354	320.		1.61
AMBULANCES/AIR TRANS	780	6,727		121,094.96		18.00	.030	155.3		.54
OTHER TRANS	319	72 , 859		200,810.82		2.76	.322	629.	50	.89
OTHER SERVICES	65	393		42,911.83		109.19	.002	660.	L8	.19
ACUPUNCTURE	67	182		3,082.74		16.94	.001	46.)1	.01

65	742		51 , 704.92		69.68	.003	795.4	6	.23
272	272		28,464.00		104.65	.001	104.6	5	.13
493	2,970		180,931.59		60.92	.013	367.0	С	.80
0	0		.00		.00	.000	.0	С	.00
1,592	3 , 585		34,695.29		9.68	.016	21.7	9	.15
28	145		2,050.75		14.14	.001	73.2	4	.01
19	32		53.28		1.67	.000	2.8	С	.00
104	429		68,406.22		159.46	.002	657.7	5	.30
104	429		68,406.22		159.46	.002	657.7	5	.30
0	0		.00		.00	.000	.0	Э	.00
31	126		2,026.11		16.08	.001	65.3	6	.01
232	559		35,616.68		63.71	.002	153.5	2	.16
48	742		103,940.79		140.08	.003	2165.4	3	.46
28	28		27,322.29		975.80	.000	975.8	Э	.12
1,992	16,835		161,365.20		9.59	.074	81.0	1	.71
5	1,174		28,449.30		24.23	.005	5689.8	6	.13
0	0		.00		.00	.000	.0	0	.00
0	0		.00		.00	.000	.0	0	.00
1,511	101,771		83 , 875.52		.82	.450	55.5	1	.37
1,016	18,261	\$	2,795,767.26	\$	153.10	.081	\$ 2751.7	4 \$	12.37
5,654	59 , 973	\$	1,087,322.05	\$	18.13	.265	\$ 192.3	1 \$	4.81
	272 493 0 1,592 28 19 104 104 0 31 232 48 28 1,992 5 0 0 1,511 1,016	272 493 2,970 0 1,592 3,585 28 145 19 32 104 429 0 31 126 232 559 48 742 28 1,992 16,835 5 1,174 0 0 0 1,511 1,016 18,261	272 272 493 2,970 0 0 1,592 3,585 28 145 19 32 104 429 104 429 0 0 31 126 232 559 48 742 28 28 1,992 16,835 5 1,174 0 0 0 0 1,511 101,771 1,016 18,261 \$	272 272 28,464.00 493 2,970 180,931.59 0 0 .00 1,592 3,585 34,695.29 28 145 2,050.75 19 32 53.28 104 429 68,406.22 104 429 68,406.22 0 0 .00 31 126 2,026.11 232 559 35,616.68 48 742 103,940.79 28 28 27,322.29 1,992 16,835 161,365.20 5 1,174 28,449.30 0 0 .00 0 0 .00 1,511 101,771 83,875.52 1,016 18,261 2,795,767.26	272 272 28,464.00 493 2,970 180,931.59 0 0 .00 1,592 3,585 34,695.29 28 145 2,050.75 19 32 53.28 104 429 68,406.22 104 429 68,406.22 0 .00 .00 31 126 2,026.11 232 559 35,616.68 48 742 103,940.79 28 27,322.29 1,992 16,835 161,365.20 5 1,174 28,449.30 0 .00 0 .00 1,511 101,771 83,875.52 1,016 18,261 2,795,767.26 \$	272 272 28,464.00 104.65 493 2,970 180,931.59 60.92 0 0 .00 .00 1,592 3,585 34,695.29 9.68 28 145 2,050.75 14.14 19 32 53.28 1.67 104 429 68,406.22 159.46 104 429 68,406.22 159.46 0 0 .00 .00 31 126 2,026.11 16.08 232 559 35,616.68 63.71 48 742 103,940.79 140.08 28 28 27,322.29 975.80 1,992 16,835 161,365.20 9.59 5 1,174 28,449.30 24.23 0 0 .00 .00 0 0 .00 .00 1,511 101,771 83,875.52 .82 1,016 18,261 2,795,767.26 \$ 153.10	272 272 28,464.00 104.65 .001 493 2,970 180,931.59 60.92 .013 0 0 .00 .00 .000 1,592 3,585 34,695.29 9.68 .016 28 145 2,050.75 14.14 .001 19 32 53.28 1.67 .000 104 429 68,406.22 159.46 .002 104 429 68,406.22 159.46 .002 0 0 .00 .00 .00 31 126 2,026.11 16.08 .001 232 559 35,616.68 63.71 .002 48 742 103,940.79 140.08 .003 28 28 27,322.29 975.80 .000 1,992 16,835 161,365.20 9.59 .074 5 1,174 28,449.30 24.23 .005 0 0 .00 .00 .00 1,511 101,771 83,875.52 .82	272 272 28,464.00 104.65 .001 104.66 493 2,970 180,931.59 60.92 .013 367.00 0 0 .00 .00 .000 .000 1,592 3,585 34,695.29 9.68 .016 21.77 28 145 2,050.75 14.14 .001 73.24 19 32 53.28 1.67 .000 2.86 104 429 68,406.22 159.46 .002 657.77 104 429 68,406.22 159.46 .002 657.77 0 0 .00 .00 .00 .00 31 126 2,026.11 16.08 .001 65.33 232 559 35,616.68 63.71 .002 153.55 48 742 103,940.79 140.08 .003 2165.42 28 28 27,322.29 975.80 .000 975.80 1,992 16,835 161,365.20 9.59 .074 81.00 0	272 272 28,464.00 104.65 .001 104.65 493 2,970 180,931.59 60.92 .013 367.00 0 0 .00 .00 .000 .00 1,592 3,585 34,695.29 9.68 .016 21.79 28 145 2,050.75 14.14 .001 73.24 19 32 53.28 1.67 .000 2.80 104 429 68,406.22 159.46 .002 657.75 104 429 68,406.22 159.46 .002 657.75 104 429 68,406.22 159.46 .002 657.75 0 0 .00 .00 .00 .00 31 126 2,026.11 16.08 .001 65.36 232 559 35,616.68 63.71 .002 153.52 48 742 103,940.79 140.08 .003 2165.43 28 28 27,322.29 975.80 .004 81.01 5 1,174

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,473
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

CONOINI COUNTI	DOIMMING OF DELL	TOTAL THE BOOK IN	CLD	TITE CODE I			
					MON'	THLY AVERA	GE
308 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	425	8,966 \$	617 , 593.99	\$ 68.88	29.110 \$	1453.16	\$ 2005.18
@PHYSICIANS SERVICES	53	250 \$	3 , 657.59	\$ 14.63	.812 \$	69.01	\$ 11.88
OUTPATIENT VISITS	1	1	51.10	51.10	.003	51.10	.17
OFFICE VISITS	1	1	51.10	51.10	.003	51.10	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	53	249		3,606.49		14.48	.808		68.05		11.71
@PHARMACY	253	4,042	\$	125,790.36	\$	31.12	13.123	\$	497.20	\$	408.41
PRESCRIPTION DRUGS	247	1,289		123,310.56		95.66	4.185		499.23		400.36
SNF/ICF	85	567		32,023.90		56.48	1.841		376.75		103.97
OUTPATIENTS	165	722		91 , 286.66		126.44	2.344		553.25		296.39
MEDICAL SUPPLIES	23	2,753		2,479.80		.90	8.938		107.82		8.05
@DENTIST	50	159	\$	4,489.00	\$	28.23	.516	\$	89.78	\$	14.57
VISITS - DIAGNOSTIC	36	80		373.00		4.66	.260		10.36		1.21
ORAL SURGERY	8	27		711.00		26.33	.088		88.88		2.31
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	2		.00		.00	.006		.00		.00
RESTORATIVE DENTISTRY	4	8		395.00		49.38	.026		98.75		1.28
PROSTHETICS	1	1		.00		.00	.003		.00		.00
DENTURES, STAYPLATES	10	39		3,010.00		77.18	.127		301.00		9.77
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	2		.00		.00	.006		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MC	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 15,474
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 308 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 24 369.14 \$ 15.38 .078 \$ 41.02 \$ 13.75 DIAGNOSTIC AND ANC. PROCED 27.50 .006 13.75 .09 EYE APPLIANCES 331.64 16.58 .065 55.27 1.08 OTHER OPTOMETRIC SERVICES 10.00 5.00 .006 10.00 .03 .00 \$.00 .000 \$.00 \$ @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 10 50.33 \$ 5.03 .032 \$ 10.07 \$ @PODIATRIST .00 0 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 SURGERY/ANES. .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 10 OTHER 50.33 5.03 .032 10.07 .16 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 \$.00 \$ NURSE ANESTHESIST .000 \$ NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 0 .00 \$.00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER 40 125 35,585.13 284.68 @TOTAL HOSPITAL .406 \$ 889.63 \$ 115.54 HOSP INPATIENT TOTAL 16 9 31,844.99 3538.33 .029 1990.31 103.39 0 .00 HSC HOSPITALS .00 .000 15,987.90 1776.43 15987.90 NON-HSC HOSPITAL TOTAL .029 51.91 ACCOMMODATIONS 3,886.19 431.80 .029 3886.19 12.62 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .000 .00 .00 3,886.19 431.80 .029 ALL OTHER ACCOM 3886.19 12.62 ANCILLARIES 12,101.71 .000 12101.71 39.29

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

SONOMA COUNTY

INPATIENT CROSSOVERS	15	0		15,857.09		.00	.000	1	057.14		51.48
ALL OTHER INPATIENT	0	0		.00		.00	.000	_	.00		.00
HOSP OUTPATIENT TOTAL	26	116		3,740.14		32.24	.377		143.85		12.14
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	26	116		3,740.14		32.24	.377		143.85		12.14
@COUNTY HOSPITAL TOTAL	1	1	\$	68.54	\$	68.54	.003	\$	68.54	\$.22
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		68.54		68.54	.003		68.54		.22
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		68.54		68.54	.003		68.54		.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-C	F-PAYMENT R	EPORT	FOR JAN	2004 THRU I	DEC 2	004	PA	GE 15,475
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MN - SC	C - AGED		AID	CODE 1	7 1Y				
							MO	DNTHL	Y AVERA	GE -	

308 ELIGIBLES

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	ł	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39	124	\$	35,516.59	\$	286.42	.403				115.31
COMM HOSP INPATIENT TOTAL	16	9		31,844.99	·	3538.33	.029	·	1990.31	•	103.39
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	9		15,987.90		1776.43	.029		15987.90		51.91
ACCOMMODATIONS	1	9		3,886.19		431.80	.029		3886.19		12.62
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	9		3,886.19		431.80	.029		3886.19		12.62
ANCILLARIES	1	0		12,101.71		.00	.000		12101.71		39.29
INPATIENT CROSSOVERS	15	0		15 , 857.09		.00	.000		1057.14		51.48
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	25	115		3,671.60		31.93	.373		146.86		11.92
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	25	115	<u> </u>	3,671.60	<u> </u>	31.93	.373	<u> </u>	146.86	<u> </u>	11.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	125	0	\$.00 424,553.91	Ċ	.00	.000	ċ	.00	ċ	.00
@NURSING FACILITY LEV A-INTERMEDIATE	125	3,652 0	Ş	.00	\$	116.25 .00	11.857	\$.00	Ş	1378.42
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	125	3,652		424,553.91		116.25	11.857		3396.43		1378.42
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	Ś	.00
ICF DDH	0	0	т.	.00	-	.00	.000	т.	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	309.92	\$	309.92	.003	\$	309.92	\$	1.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		309.92		309.92	.003		309.92		1.01
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	80.59	\$	40.30	.006	\$	40.30	\$.26
PATHOLOGY	1	1		20.34		20.34	.003		20.34		.07
XO AND OTHERS	1	1		60.25		60.25	.003		60.25		.20
@ORGANIZED OUTPATIENT CLINIC	21	40	\$	2,491.80	\$	62.30	.130	\$	118.66	Ş	8.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00 2,491.80		.00	.000		.00		.00
RURAL HEALTH CLINIC	21										8.09
	FEE-FOR-SERVICE		LO I	MONTH-OF-PAYMENT R	EPOR.	I FOR JAN 2	2004 IHRU	DEC	2004		AGE 15,476 03/14/05
			C -	AGED	Δ -	ID CODE 17	1 v				03/14/03
SONOPA COUNTI	DOMMANT OF DERV	TODO FOR MIN SO	C	AGED	Α.	ID CODE I7	M	пио	HIY AVERA	GE.	
308 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	A 1/1	ERAGE COST					
000 22101222	0021.0	OR DAYS OF CARE		2111 2112 11 91(110		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	25	661		20,216.22			2.146				-
DURABLE MED. EQUIP.	0	0	•	.00		.00	.000	•	.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

3	6		1,025.66		170.94	.019		341.89		3.33
8	494		952.85		1.93	1.604		119.11		3.09
0	0		.00		.00	.000		.00		.00
8	494		952.85		1.93	1.604		119.11		3.09
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
5	11		130.52		11.87	.036		26.10		.42
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
3	135		17,869.95		132.37	.438		5956.65		58.02
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
7	15		237.24		15.82	.049		33.89		.77
0	0	\$.00	\$.00	.000	\$.00	\$.00
114	778	\$	37,654.88	\$	48.40	2.526	\$	330.31	\$	122.26
	3 8 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 8 494 0 0 <td< td=""><td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>8 494 952.85 0 0 .00 8 494 952.85 0 0 .00 0 .00 .00 <t< td=""><td>8 494 952.85 0 0 .00 8 494 952.85 0 0 .00 0 .00 .00 0 .00 .00</td><td>8 494 952.85 1.93 0 0 .00 .00 8 494 952.85 1.93 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0</td><td>8 494 952.85 1.93 1.604 0 0 .00 .00 .000 8 494 952.85 1.93 1.604 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0<!--</td--><td>8 494 952.85 1.93 1.604 0 0 .00 .000 .000 8 494 952.85 1.93 1.604 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0<</td><td>8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""><td>8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""></td<></td></td<></td></td></t<></td></td<>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 494 952.85 0 0 .00 8 494 952.85 0 0 .00 0 .00 .00 <t< td=""><td>8 494 952.85 0 0 .00 8 494 952.85 0 0 .00 0 .00 .00 0 .00 .00</td><td>8 494 952.85 1.93 0 0 .00 .00 8 494 952.85 1.93 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0</td><td>8 494 952.85 1.93 1.604 0 0 .00 .00 .000 8 494 952.85 1.93 1.604 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0<!--</td--><td>8 494 952.85 1.93 1.604 0 0 .00 .000 .000 8 494 952.85 1.93 1.604 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0<</td><td>8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""><td>8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""></td<></td></td<></td></td></t<>	8 494 952.85 0 0 .00 8 494 952.85 0 0 .00 0 .00 .00 0 .00 .00	8 494 952.85 1.93 0 0 .00 .00 8 494 952.85 1.93 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0	8 494 952.85 1.93 1.604 0 0 .00 .00 .000 8 494 952.85 1.93 1.604 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 </td <td>8 494 952.85 1.93 1.604 0 0 .00 .000 .000 8 494 952.85 1.93 1.604 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0<</td> <td>8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""><td>8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""></td<></td></td<></td>	8 494 952.85 1.93 1.604 0 0 .00 .000 .000 8 494 952.85 1.93 1.604 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0<	8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""><td>8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""></td<></td></td<>	8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .00 8 494 952.85 1.93 1.604 119.11 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 <td< td=""></td<>

 $[\]ensuremath{\text{@*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,477
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

					MONTHLY AVERAGE					
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	2	103 \$	2,226.54	\$ 21.62	103.000 \$	1113.27	\$ 2226.54			
@PHYSICIANS SERVICES	1	1 \$	51.03	\$ 51.03	1.000 \$	51.03	\$ 51.03			
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00			
OFFICE VISITS	0	0	.00	.00	.000	.00	.00			
HOME VISITS	0	0	.00	.00	.000	.00	.00			
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00			
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00			
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00			
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00			
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00			
CRITICAL CARE	0	0	.00	.00	.000	.00	.00			
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00			
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00			
EXAMINATIONS	0	0	.00	.00	.000	.00	.00			
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00			
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00			

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0									
RADIOLOGY	O .	•		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		51.03		51.03	1.000		51.03		51.03
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
	0		\$.00	\$.00	.000	\$.00	\$.00
@DENTIST	•		Ą		Ą			Ą		Ą	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0									
SPACE MAINTAINERS	•	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	IS I	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 15,478
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SONOMA COUNTY		ICES FOR MN - SOC	. –	BLIND		AID CODE	27				
501.0121 0001.11	5011111111 01 51111	1020 1011 1111 000		5211.5		1112 0022		ТИОІ	HLY AVERA	GE.	
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ \ 7.	ERAGE COST			COST PER		COST PER
OI EDIGIDLES	OSEKS	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
CODMONDEDTOM	0		Ċ	0.0							
@OPTOMETRIST	0		\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MEDICINE/INJECTIONS	0	0	т	.00	-	.00	.000	-1	.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	•										
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		\$.00	Ş	.00	.000	\$.00		.00
NURSE ANESTHESIST	0		\$.00	\$.00	.000	\$.00		.00
NURSE MIDWIFE	0		\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		\$.00	\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	1		\$	42.92	\$	10.73	4.000	\$	42.92		42.92
HOSP INPATIENT TOTAL	0	0		.00	т	.00	.000	т	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
USC UOSETIATS	U	U		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	4		42.92	10.73	4.000	42.92	42.92
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	4		42.92	10.73	4.000	42.92	42.92
@COUNTY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	S MONTH-OF	-PAYMENT REPO	ORT FOR JAN	2004 THRU	DEC 2004	PAGE 15,479
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	- BLIND		AID CODE	27		
						M	ONTHIV AMEDA	CF

----- MONTHLY AVERAGE -----01 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1 4 \$ 42.92 10.73 4.000 \$ 42.92 \$ 42.92 @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .000 .00 .00 COMM HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS 0 0 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 0 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES 0 .00 .00 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ALL OTHER INPATIENT .000 COMM HOSP OUTPATIENT TOTAL 42.92 10.73 4.000 42.92 42.92 MEDICAL .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SURGERY .000 PATHOLOGY 0 0 .00 .00 .000 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .000 .00 ROOM USE .00 .00 .000 .00 .00

,											
CROSSOVERS/ALL OTH OUTPTNT	1	4		42.92	_	10.73	4.000	_	42.92	_	42.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	1,423.50	\$.00	.000	\$	1423.50	\$	1423.50
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		1,423.50		.00	.000		1423.50		1423.50
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	435.84	\$	435.84	1.000	\$	435.84	\$	435.84
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		435.84		435.84	1.000		435.84		435.84
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	·	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	·	.00	.000		.00	·	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDTTI	RES MON'		E.PORT		2004 THRU	DEC		P	AGE 15,480
MOP024	FEE-FOR-SERVICE/DENTAL		1	OI IIIIIIIIIII IV		2 2010 02110 2	2001 111110	220	2001		03/14/05
SONOMA COUNTY	'	MN - S	OC - BL	TND		AID CODE	27				55/11/00
DOINGITI COOINTI	DOMESTICE OF DELIVERED FOR	1.114		T11/D		1110 CODE	21				

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	97 \$	273.25	\$ 2.82	97.000 \$	273.25	\$ 273.25
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	97	273.25	2.82	97.000	273.25	273.25
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	97	273.25	2.82	97.000	273.25	273.25
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	6 \$	1,953.29	\$ 325.55	6.000 \$	976.65	\$ 1953.29

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,481 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

					MO	NTHLY AVERA	GE
799 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,012	9,345	\$ 1,634,759.46	\$ 174.93	11.696	\$ 1615.37	\$ 2046.01
@PHYSICIANS SERVICES	239	1,373	\$ 66,216.20	\$ 48.23	1.718	\$ 277.06	\$ 82.87
OUTPATIENT VISITS	72	136	5,554.40	40.84	.170	77.14	6.95
OFFICE VISITS	40	85	2,139.28	25.17	.106	53.48	2.68
HOME VISITS	1	1	49.20	49.20	.001	49.20	.06
EMERGENCY ROOM	26	42	3,195.28	76.08	.053	122.90	4.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	8	170.64	21.33	.010	24.38	.21
INPATIENT VISITS	57	395	16,114.20	40.80	.494	282.71	20.17
HOSPITAL VISITS	49	192	8,157.60	42.49	.240	166.48	10.21
CRITICAL CARE	8	20	2,002.60	100.13	.025	250.33	2.51
SNF/ICF/TRANS IP CARE	6	183	5,954.00	32.54	.229	992.33	7.45
OPHTHALMOLOGICAL SERVICES	2	2	90.65	45.33	.003	45.33	.11

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	2	2		90.65		45.33	.003		45.33		.11
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	19	70		5,207.15		74.39	.088		274.06		6.52
PRINCIPAL SURGEON	14	18		3,868.22		214.90	.023		276.30		4.84
ASSISTANT SURGEON	1	1		121.61		121.61	.001		121.61		.15
ANESTHESIOLOGIST	5	51		1,217.32		23.87	.064		243.46		1.52
OUTPATIENT SURGERY	10	19		3,545.62		186.61	.024		354.56		4.44
PRINCIPAL SURGEON	8	9		3,114.40		346.04	.011		389.30		3.90
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	10		431.22		43.12	.013		107.81		.54
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	29	128		1,286.70		10.05	.160		44.37		1.61
RADIOLOGY	56	163		11,995.24		73.59	.204		214.20		15.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	153		12,001.47		78.44	.191		923.19		15.02
OTHER SERVICES/ALL X-OVERS	125	307		10,420.77		33.94	.384		83.37		13.04
@PHARMACY	692	5,284 \$		752,923.12	\$	142.49	6.613	\$	1088.04	\$	942.33
PRESCRIPTION DRUGS	681	4,063		748,151.83		184.14	5.085		1098.61		936.36
SNF/ICF	25	289		24,332.64		84.20	.362		973.31		30.45
OUTPATIENTS	658	3,774		723,819.19		191.79	4.723		1100.03		905.91
MEDICAL SUPPLIES	51	1,221		4,771.29		3.91	1.528		93.55		5.97
@DENTIST	64	299 \$	5	9,990.09	\$	33.41	.374	\$	156.10	\$	12.50
VISITS - DIAGNOSTIC	41	111		868.75		7.83	.139		21.19		1.09
ORAL SURGERY	13	128		5,704.00		44.56	.160		438.77		7.14
DRUGS	2	2		.00		.00	.003		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.001		118.00		.15
ENDODONTICS	2	3		260.00		86.67	.004		130.00		.33
RESTORATIVE DENTISTRY	14	37		1,403.34		37.93	.046		100.24		1.76
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.04
DENTURES, STAYPLATES	8	13		1,606.00		123.54	.016		200.75		2.01
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	3		.00		.00	.004		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 15,482
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	R MN - SOC	- DISAB	LED AID	CODES	65 67 61	W 6Y				
									HLY AVERA	GE -	
700 51 10151 50	TIGED O TRITEO	OF SERVITOR			3 7 7 7	D 7 G F G G G	T		COCH DED		200E DED

							MC	DIN.T	THLY AVERA	GE	
799 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	:		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	11	29	\$	642.41	\$	22.15	.036	\$	58.40	\$.80
DIAGNOSTIC AND ANC. PROCED	5	5		221.23		44.25	.006		44.25		.28
EYE APPLIANCES	8	22		357.46		16.25	.028		44.68		.45
OTHER OPTOMETRIC SERVICES	2	2		63.72		31.86	.003		31.86		.08
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	6	\$	14.52	\$	2.42	.008	\$	3.63	\$.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	6		14.52		2.42	.008		3.63		.02
@HOME HEALTH AGENCY	6	15	\$	1,076.16	\$	71.74	.019	\$	179.36	\$	1.35
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	Λ	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Ś	.00	.000	Ś		\$.00
@TOTAL HOSPITAL	179	1,005	Ś	554,080.44	Ś	551.32	1.258	\$	3095.42		693.47
HOSP INPATIENT TOTAL	59	201	т	516,882.66	Ψ.	2571.56	.252	т	8760.72	т	646.91
HSC HOSPITALS	5	11		9,302.97		845.72	.014		1860.59		11.64
NON-HSC HOSPITAL TOTAL	27	190		481,828.67		2535.94	.238		17845.51		603.04
ACCOMMODATIONS	27	190		121,690.08		640.47	.238		4507.04		152.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	27	190		121,690.08		640.47	.238		4507.04		152.30
ANCILLARIES	27	0		360,138.59		.00	.000		13338.47		450.74
INPATIENT CROSSOVERS	27	0		25,751.02		.00	.000		953.74		32.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	132	804		37,197.78		46.27	1.006		281.80		46.56
MEDICAL	35	77		6,310.24		81.95	.096		180.29		7.90
SURGERY	13	13		393.19		30.25	.016		30.25		.49
PATHOLOGY	47	244		2,655.69		10.88	.305		56.50		3.32
RADIOLOGY	28	51		4,336.50		85.03	.064		154.88		5.43
ROOM USE	48	77		2,896.39		37.62	.096		60.34		3.63
CROSSOVERS/ALL OTH OUTPTNT	80	342		20,605.77		60.25	.428		257.57		25.79
@COUNTY HOSPITAL TOTAL	2	10	\$	225.92	\$	22.59	.013	\$	112.96	\$.28
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	10		225.92		22.59	.013		112.96		.28
MEDICAL	2	3		61.71		20.57	.004		30.86		.08
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		16.54		16.54	.001		16.54		.02
ROOM USE	2	3		101.34		33.78	.004		50.67		.13
CROSSOVERS/ALL OTH OUTPTNT	2	3		46.33		15.44	.004		23.17		.06
	MEDI-CAL SERVIC	ES AND EXPENDIT	URES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	P	AGE 15,483
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN -	SOC -	DISABLED AID	CODE	S 65 67 6V					
							M			-	
799 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	T UNITS/DAY	S	COST PER	(COST PER

					M	JNTHLY AVERA	- ظ ر	
799 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	177	995	\$ 553,854.52	\$ 556.64	1.245	\$ 3129.12	\$	693.18
COMM HOSP INPATIENT TOTAL	59	201	516,882.66	2571.56	.252	8760.72		646.91
HSC HOSPITALS	5	11	9,302.97	845.72	.014	1860.59		11.64
NON-HSC HOSPITALS TOTAL	27	190	481,828.67	2535.94	.238	17845.51		603.04
ACCOMMODATIONS	27	190	121,690.08	640.47	.238	4507.04		152.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	27	190	121,690.08	640.47	.238	4507.04		152.30
ANCILLARIES	27	0	360,138.59	.00	.000	13338.47		450.74
INPATIENT CROSSOVERS	27	0	25,751.02	.00	.000	953.74		32.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	130	794		36,971.86		46.56	.994		284.40		46.27
MEDICAL	33	74		6,248.53		84.44	.093		189.35		7.82
SURGERY	13	13		393.19		30.25	.016		30.25		.49
PATHOLOGY	47	244		2,655.69		10.88	.305		56.50		3.32
RADIOLOGY	27	50		4,319.96		86.40	.063		160.00		5.41
ROOM USE	27 46	74		2,795.05		37.77	.093		60.76		3.50
CROSSOVERS/ALL OTH OUTPTNT		339		20,559.44		60.65	.424		263.58		25.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000				.00
@NURSING FACILITY	36	760	\$	215,381.31	\$	283.40	.951	\$	5982.81	\$	269.56
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	4	140		18,158.05		129.70	.175		4539.51		22.73
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	6	251		133,259.93		530.92	.314		22209.99		166.78
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	26	369		63,963.33		173.34	.462		2460.13		80.05
@INTERMEDIATE CARE FACILDD	6 0 26 0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000				.00
@HEMODIALYSIS TOTAL	10	10	\$	5,952.94	\$	595.29	.013	\$		\$	7.45
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	10		5,952.94		595.29	.013		595.29		7.45
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	16	49	\$	612.96	\$	12.51	.061	\$	38.31	\$.77
PATHOLOGY	11	33		474.96		14.39	.041		43.18		.59
XO AND OTHERS	5	16		138.00		8.63	.020		27.60		.17
@ORGANIZED OUTPATIENT CLINIC	93	214	\$	14,686.30	\$	68.63	.268	\$	157.92	\$	18.38
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	10		1,040.01		104.00	.013		520.01		1.30
HEROIN DETOX CLINIC	1	20		222.97		11.15	.025		222.97		.28
RURAL HEALTH CLINIC	90	184		13,423.32		72.95	.230		149.15		16.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 15,484
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MN -	SOC -	DISABLED AID	CODE	S 65 67 61	√ 6Y				
							N	rnor	HLY AVERA	GE -	

					MON	NIHLY AVERA	GE
799 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	55	301	\$ 13,183.01	\$ 43.80	.377 \$	239.69	\$ 16.50
DURABLE MED. EQUIP.	7	22	6 , 790.72	308.67	.028	970.10	8.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,210.78	1210.78	.001	1210.78	1.52
MEDICAL TRANSPORTATION	24	205	2,720.29	13.27	.257	113.35	3.40
AMBULANCES/AIR TRANS	17	123	2,403.26	19.54	.154	141.37	3.01
OTHER TRANS	4	77	304.94	3.96	.096	76.24	.38
OTHER SERVICES	3	5	12.09	2.42	.006	4.03	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	20	201.37	10.07	.025	28.77	.25
PHYSICAL THERAPIST	1	2	39.91	19.96	.003	39.91	.05

PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6		271.44	45.24	.008	135.72	.34
HOSPICE SERVICES	1	11		1,644.17	149.47	.014	1644.17	2.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	3		38.73	12.91	.004	38.73	.05
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	31		265.60	8.57	.039	20.43	.33
@CALIF. CHILDREN SERVICES*	1	5	\$	53.84	\$ 10.77	.006	\$ 53.84	\$.07
@XOVER EXCLUDING STATE HOSP**	164	1,624	\$	68,039.38	\$ 41.90	2.033	\$ 414.87	\$ 85.16
A* MOMATO THE MILECE TIMES ARE CIVEN		TNIECDMARITON	TERM OF	TT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,485 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERA	GE
565 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	807	5,581	\$	1,086,801.97	\$ 194.73	9.878 \$	1346.72	\$ 1923.54
@PHYSICIANS SERVICES	376	1,985	\$	184,866.83	\$ 93.13	3.513 \$	491.67	\$ 327.20
OUTPATIENT VISITS	140	190		8,897.76	46.83	.336	63.56	15.75
OFFICE VISITS	50	70		1,757.00	25.10	.124	35.14	3.11
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	79	107		6,770.09	63.27	.189	85.70	11.98
PREVENTIVE CARE	1	1		54.83	54.83	.002	54.83	.10
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

				0.4 = 0.4							= -
OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE	12	12		315.84		26.32	.021		26.32		.56
INPATIENT VISITS	1/2	357		19,418.00		54.39			269.69		34.37
HOSPITAL VISITS	64	309		14,032.40		45.41			219.26		24.84
CRITICAL CARE	17	48		5,385.60		112.20	.085		316.80		9.53
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	49	571		23,606.39		41.34	1.011		481.76		41.78
PRINCIPAL SURGEON	33	48		17,755.74		369.91	.085		538.05		31.43
SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	4	2		181.64		90.82	.004		45.41		.32
ANESTHESIOLOGIST	22	521		5,669.01		10.88	.922		257.68		10.03
OUTPATIENT SURGERY	48	141		8,825.95		62.60	.250		183.87		15.62
PRINCIPAL SURGEON	33	35		6,465.13		184.72	.062		195.91		11.44
ASSISTANT SURGEON	2	2		208.49		104.25	.004		104.25		.37
ANESTHESIOLOGIST	16	104		2,152.33		20.70	.184		134.52		3.81
DIALYSIS	3	12		948.84		79.07			316.28		1.68
PATHOLOGY	49	122		948.84 2,655.68		21.77			54.20		4.70
RADIOLOGY	129	319		13,406.98		42.03	.565		103.93		23.73
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
		63		10,905.10		173.10	.112		2726.28		19.30
OTHER SERVICES/ALL X-OVERS	75	210		96,202.13		458.11	.372		1282.70		170.27
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	146	668	\$	49,372.22	Ś				338.17	Ś	
PRESCRIPTION DRUGS	142	470	Τ.	48,619.87	Τ.	103.45	.832	Τ.	342.39	Τ.	86.05
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATTENTS	142	470		48,619.87		103.45	.832		342.39		86.05
MEDICAL SUPPLIES	7	198		752.35		3.80	.350		107.48		1.33
ADENTIST	45	140	Ś	3,039.50	Ś			Ġ		Ś	5.38
VICITO - DIACMOSTIC	30	84	Y	499.50	Y	5.95	.149	Y	16.65	Y	.88
ODAI CUDCEDV	7	19		1,460.00		76.84	.034		208.57		2.58
DDIICC	1	1		25.00		25.00	.002		25.00		.04
DRUGS	1	1		100.00		100.00	.002		100.00		.18
ANESI DESIA	1	1		63.00		63.00	.002		63.00		.10
PERIODONITICS		6		260.00		43.33	.011		86.67		.46
RESTORATIVE DENTISTRY	12					26.33	.042		52.67		1.12
PROSTHETICS	1	∠4		632.00 .00 .00 .00 .00		.00	0.00		0.0		.00
	0	1		.00		.00	.002		.00		.00
DENTURES, STAYPLATES	0	0		.00			.000		.00		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3					.00	.005		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV			KES	MONTH-OF-PAYMENT RE	≟POR'	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 15,486
MOP024	FEE-FOR-SERVICE/DE	ENTAL				c= 0.5					03/14/05

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37 SONOMA COUNTY

							MC	NTH	LY AVERA	GΕ	
565 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	21	\$	467.75	\$	22.27	.037	\$	58.47	\$.83
DIAGNOSTIC AND ANC. PROCED	4	4		150.95		37.74	.007		37.74		.27
EYE APPLIANCES	6	16		259.60		16.23	.028		43.27		.46
OTHER OPTOMETRIC SERVICES	1	1		57.20		57.20	.002		57.20		.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	52 \$	3,690.20	\$ 70.97	.092 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00				
	0			•	·		
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	297	1,949 \$	804,210.17	\$ 412.63	3.450 \$		\$ 1423.38
HOSP INPATIENT TOTAL	72	367	765 , 661.09	2086.27	.650	10634.18	1355.15
HSC HOSPITALS	14	83	135,776.50	1635.86	.147	9698.32	240.31
NON-HSC HOSPITAL TOTAL	59	284	629 , 884.59	2217.90	.503	10676.01	1114.84
ACCOMMODATIONS	59	284	168,554.62	593.50	.503	2856.86	298.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	59	284	168,554.62	593.50	.503	2856.86	298.33
ANCILLARIES	59	0	461,329.97	.00	.000	7819.15	816.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	232	1,582	38,549.08	24.37	2.800	166.16	68.23
MEDICAL	87	125	6,112.03	48.90	.221	70.25	10.82
SURGERY	39	42	1,598.30	38.05	.074	40.98	2.83
PATHOLOGY	101	517	5,276.83	10.21	.915	52.25	9.34
RADIOLOGY	89	140	13,568.60	96.92	.248	152.46	24.02
ROOM USE	140	197	6,396.24	32.47		45.69	11.32
					.349		
CROSSOVERS/ALL OTH OUTPTNT	102	561	5,597.08	9.98	.993	54.87	9.91
@COUNTY HOSPITAL TOTAL	1	6 \$	127.20	\$ 21.20	.011 \$		
CO HOSPITAL INPATIENT TOTAL	1	1	.00	.00	.002	.00	.00
HSC HOSPITALS	1	1	.00	.00	.002	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	5	127.20	25.44	.009	127.20	.23
MEDICAL	1	2	43.98	21.99	.004	43.98	.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	72.22	36.11	.004	72.22	.13
CROSSOVERS/ALL OTH OUTPINT	1	1	11.00	11.00	.002	11.00	.02
	MEDI-CAL SERVIC	ES AND EXPENDITURES MO				C 2004	PAGE 15,487
MOP024	FEE-FOR-SERVICE	/					03/14/05
SONOMA COUNTY		ICES FOR MN - SOC - F.	AMILIES AID CODE	5R 6R 37			, ,
501.0111 0001.11	SOLUTION OF SELL	1020 1011 1111 500 11	111111111111111111111111111111111111111	010 010 07	MON	THLY AVERA	GE
565 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
000 221012220	0.221.0	OR DAYS OF CARE	2111 2112 1 1 0 112 0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	296	1,943 \$	804,082.97	\$ 413.84			\$ 1423.16
COMM HOSP INPATIENT TOTAL	71	366	765,661.09	2091.97	.648	10783.96	1355.15
HSC HOSPITALS	13	82	135,776.50	1655.81	.145	10444.35	240.31
NON-HSC HOSPITALS TOTAL	59	284	629,884.59	2217.90	.503	10444.33	1114.84
ACCOMMODATIONS	59	284	168,554.62	593.50	.503	2856.86	298.33
ACCOUNTAIN TONS	JJ	204	100,334.02	J9J.JU	. 505	2000.00	490.33

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	59	284		168,554.62		593.50	.503		2856.86		298.33
ANCILLARIES	59	0		461,329.97		.00	.000		7819.15		816.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	231	1,577		38,421.88		24.36	2.791		166.33		68.00
MEDICAL	86	123		6,068.05		49.33	.218		70.56		10.74
SURGERY	39	42		1,598.30		38.05	.074		40.98		2.83
	101	517				10.21	.915				2.03 9.34
PATHOLOGY RADIOLOGY	89	140		5,276.83		96.92	.915		52.25 152.46		24.02
	139	195		13,568.60							11.19
ROOM USE				6,324.02		32.43	.345		45.50		
CROSSOVERS/ALL OTH OUTPTNT	0	560	<u> </u>	5,586.08	<u>^</u>	9.98	.991	<u>^</u>	55.31	<u>^</u>	9.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	<u> </u>	.00	<u>^</u>	.00	.000	<u>^</u>	.00	<u>^</u>	.00
@NURSING FACILITY	0	•	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	_	.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	13	\$	2,801.34	\$	215.49	.023	\$		\$	4.96
HOSPITAL BASED	1	13		2,801.34		215.49	.023		2801.34		4.96
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	97	\$	1,375.63	\$	14.18	.172	\$	55.03	\$	2.43
PATHOLOGY	24	94		1,375.63		14.63	.166		57.32		2.43
XO AND OTHERS	1	3		.00		.00	.005		.00		.00
@ORGANIZED OUTPATIENT CLINIC	81	156	\$	17,013.92	\$	109.06		\$		\$	30.11
CLINIC	12	41		1,588.90		38.75	.073		132.41		2.81
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	69	115		15,425.02		134.13	.204		223.55		27.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MO	NTH-OF-PAYMENT RE	EPOR1	r for Jan	2004 THRU	DEC	2004	PA	AGE 15,488
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES I	FOR MN - S	SOC - I	FAMILIES AID CODE	5R 6	5R 37					

----- MONTHLY AVERAGE -----565 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 500 \$ 19,964.41 \$ 39.93 .885 \$ 369.71 \$ 35.34 .88 .032 .00 .000 .00 .000 .00 .000 .010.94 .007 .749 .00 .00 .000 .00 .000 .000 .000 .000 .000 .000 .009 54 DURABLE MED. EQUIP. 6 18 449.13 4.77 .00 .00 BLOOD BANK 0 0 .00 HEARING AID DISPENSERS .00 431.74 MEDICAL TRANSPORTATION 35 423 26.75 418 206.20 AMBULANCES/AIR TRANS 12.41 OTHER TRANS 0 0 .00 .00 5 OTHER SERVICES 5 .009 1620.00 14.34 ACUPUNCTURE .00

ADULT DAY HEALTH CARE CTR		-	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	150.32	10.74	.025	21.47	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	11	1,644.17	149.47	.019	1644.17	2.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	33	356.17	10.79	.058	89.04	.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.002	8.01	.01
@CALIF. CHILDREN SERVICES*	15	834	\$ 157,176.18	\$ 188.46	1.476	\$ 10478.41	\$ 278.19
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,489
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

----- MONTHLY AVERAGE -----1,673 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,246 3,341,381.96 \$ 139.25 14.342 \$ 1487.70 \$ 1997.24 @TOTAL, ALL PROVIDERS 23,995 @PHYSICIANS SERVICES 669 3,609 254,791.65 \$ 70.60 2.157 \$ 380.85 \$ 152.30 .195 8.67 OUTPATIENT VISITS 213 327 14,503.26 44.35 68.09 OFFICE VISITS 156 3,947.38 25.30 .093 43.38 1 1 49.20 49.20 .001 49.20 HOME VISITS .03 EMERGENCY ROOM 105 149 9,965.37 66.88 54.83 .00 24.32 47.25 66.88 .089 94.91 5.96 1 0 19 129 113 PREVENTIVE CARE 1 54.83 .001 54.83 .03 0 .00 .000 .00 .00 OB VISITS/COMPRE PERI 20 OTHER OUTPATIENT 486.48 .012 25.60 .29 752 INPATIENT VISITS 35,532.20 .449 275.44 21,24 501 44.29 .299 196.37 HOSPITAL VISITS 22,190.00 25 CRITICAL CARE 68 7,388.20 108.65 295.53 .041 4.42 183 SNF/ICF/TRANS IP CARE 6 5,954.00 32.54 .109 992.33 3.56 45.33 45.33 OPHTHALMOLOGICAL SERVICES 90.65 .001 EXAMINATIONS 90.65 45.33 .001 45.33 .05 0 .00 .00 .000 .00 .00 SERVICES AND MATERIALS 641 28,813.54 44.95 .383 423.73 INPATIENT HOSPITAL SURGERY 17.22 47 21,623.96 460.08 66 327.64 .039 12.93 PRINCIPAL SURGEON 5 3 303.25 101.08 .002 60.65 ASSISTANT SURGEON .18 27 12.04 ANESTHESIOLOGIST 572 6,886.33 .342 255.05 160 77.32 OUTPATIENT SURGERY 58 12,371.57 .096 213.30 7.39 41 44 9,579.53 217.72 233.65 PRINCIPAL SURGEON .026 5.73 104.25 .001 104.25 ASSISTANT SURGEON 208.49 .12 20 114 2,583.55 22.66 ANESTHESIOLOGIST .068 129.18 1.54 DIALYSIS 3 12 948.84 79.07 .007 316.28 .57 PATHOLOGY 78 3,942.38 15.77 .149 50.54 2.36

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

D1D101001	105	4.0.0		05 400 00		F0 70	0.00		107 01		15 10
RADIOLOGY	185 0	482		25,402.22		52.70	.288		137.31		15.18
PSYCHIATRY	•	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	216		22,906.57		106.05	.129		1347.45		13.69
OTHER SERVICES/ALL X-OVERS	254	767	_	110,280.42		143.78	.458		434.17		65.92
@PHARMACY	1,091	9,994	\$	928,085.70	\$	92.86	5.974	Ş	850.67	Ş	554.74
PRESCRIPTION DRUGS	1,070	5,822		920,082.26		158.04	3.480		859.89		549.96
SNF/ICF	110	856		56,356.54		65.84	.512		512.33		33.69
OUTPATIENTS	965	4,966		863,725.72		173.93	2.968		895.05		516.27
MEDICAL SUPPLIES	81	4,172		8,003.44		1.92	2.494		98.81		4.78
@DENTIST	159	598	\$	17,518.59	\$	29.30	.357	\$	110.18	\$	10.47
VISITS - DIAGNOSTIC	107	275		1,741.25		6.33	.164		16.27		1.04
ORAL SURGERY	28	174		7,875.00		45.26	.104		281.25		4.71
DRUGS	3	3		25.00		8.33	.002		8.33		.01
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.06
PERIODONTICS	2	2		181.00		90.50	.001		90.50		.11
ENDODONTICS	7	11		520.00		47.27	.007		74.29		.31
RESTORATIVE DENTISTRY	30	69		2,430.34		35.22	.041		81.01		1.45
PROSTHETICS	3	3		30.00		10.00	.002		10.00		.02
DENTURES, STAYPLATES	18	52		4,616.00		88.77	.031		256.44		2.76
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		.00		.00	.002		.00		.00
ALL OTHER SERVICES	3	5		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2004 THRU I	DEC	2004	P	AGE 15,490
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - SO	C -	TOTAL							
							MC	TNC	HLY AVERA	GE	
1,673 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
·		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	28	74	\$	1,479.30	\$.044	\$	52.83		.88
DIAGNOSTIC AND ANC. PROCED	11	11	•	399.68		36.33	.007	•	36.33		.24
		= =		222.00							

		= 0									
EYE APPLIANCES	20	58		948.70		16.36	.035		47.44		.57
OTHER OPTOMETRIC SERVICES	4	5		130.92		26.18	.003		32.73		.08
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	16	\$	64.85	\$	4.05	.010	\$	7.21	\$.04
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	16		64.85		4.05	.010		7.21		.04
@HOME HEALTH AGENCY	17	67	\$	4,766.36	\$	71.14	.040	Ġ	280.37	Ġ	2.85
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	ڊ خ	.00	.000	\$.00	\$.00
	ŭ	0	۶ \$		ې د						
PEDIATRIC NURSE PRACTITIONER	<u> </u>	-		.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	517	3,083	\$	1,393,918.66	\$		1.843		2696.17	Ş	833.19
HOSP INPATIENT TOTAL	147	577		1,314,388.74		2277.97	.345		8941.42		785.65
HSC HOSPITALS	19	94		145,079.47		1543.40	.056		7635.76		86.72
NON-HSC HOSPITAL TOTAL	87	483		1,127,701.16		2334.79	.289	1	12962.08		674.06
ACCOMMODATIONS	87	483		294,130.89		608.97	.289		3380.81		175.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	87	483		294,130.89		608.97	.289		3380.81		175.81
ANCILLARIES	87	0		833,570.27		.00	.000		9581.27		498.25
INPATIENT CROSSOVERS	42	0		41,608.11		.00	.000		990.67		24.87
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	391	2,506		79,529.92		31.74	1.498		203.40		47.54
MEDICAL	122	202		12,422.27		61.50	.121		101.82		7.43
SURGERY	52	55		1,991.49		36.21	.033		38.30		1.19
PATHOLOGY	148	761		7,932.52		10.42	.455		53.60		4.74
RADIOLOGY	117	191		17,905.10		93.74	.114		153.04		10.70
ROOM USE	188	274		9,292.63		33.91	.164		49.43		5.55
CROSSOVERS/ALL OTH OUTPTNT	209	1,023		29,985.91		29.31	.611		143.47		17.92
@COUNTY HOSPITAL TOTAL	4	17	\$	421.66	\$	24.80	.010	\$	105.42	\$.25
CO HOSPITAL INPATIENT TOTAL	1	1		.00		.00	.001		.00		.00
HSC HOSPITALS	1	1		.00		.00	.001		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	16		421.66		26.35	.010		105.42		.25
	3	5									
MEDICAL	0	0		105.69		21.14	.003		35.23		.06
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	1	1		16.54		16.54			16.54		.01
ROOM USE	3	5		173.56		34.71	.003		57.85		.10
CROSSOVERS/ALL OTH OUTPTNT		5		125.87		25.17	.003		31.47		.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES M	MONTH-OF-PAYMENT RE	EPOR:	I FOR JAN	2004 THRU	DEC	2004	PP	AGE 15,491
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR MN - :	SOC -	TOTAL							
							N	AUNT F	ILA VALLEDA	CF -	

1,673 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	7.		PEI	R UNIT/DAY	PER ELIG	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	513	3,066	\$	1,393,497.00	\$	- ,			2716.37		832.93
COMM HOSP INPATIENT TOTAL	146	576	•	1,314,388.74		2281.92	.344	·	9002.66	·	785.65
HSC HOSPITALS	18	93		145,079.47		1559.99	.056		8059.97		86.72
NON-HSC HOSPITALS TOTAL	87	483		1,127,701.16		2334.79	.289		12962.08		674.06
ACCOMMODATIONS	87	483		294,130.89		608.97	.289		3380.81		175.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	87	483		294,130.89		608.97	.289		3380.81		175.81
ANCILLARIES	87	0		833,570.27		.00	.000		9581.27		498.25
INPATIENT CROSSOVERS	42	0		41,608.11		.00	.000		990.67		24.87
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	387	2,490		79,108.26		31.77	1.488		204.41		47.29
MEDICAL	119	197		12,316.58		62.52	.118		103.50		7.36
SURGERY	52	55		1,991.49		36.21	.033		38.30		1.19
PATHOLOGY	148	761		7,932.52		10.42	.455		53.60		4.74
RADIOLOGY	116	190		17,888.56		94.15	.114		154.21		10.69
ROOM USE	185	269		9,119.07		33.90	.161		49.29		5.45
CROSSOVERS/ALL OTH OUTPINT	205	1,018		29,860.04		29.33	.608		145.66		17.85
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	162	4,412	\$	641,358.72	\$	145.37	2.637	\$	3959.00	\$	383.36
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	4	140		18,158.05		129.70	.084		4539.51		10.85
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	6	251		133,259.93		530.92	.150		22209.99		79.65
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	152	4,021		489,940.74		121.85	2.403		3223.29		292.85
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	13	25	\$	-	\$			Ş	730.77	Ş	5.68
HOSPITAL BASED	1	13		2,801.34		215.49	.008		2801.34		1.67
HEMODIALYSIS CENTER	12	12		6,698.70		558.23	.007		558.23		4.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	ć	.00	Ċ	.00	.000	ċ	.00	ć	.00
@LABORATORY FACILITY	43 36	148 128	\$	2,069.18 1,870.93	\$	13.98 14.62	.088	Ş	48.12 51.97	Þ	1.24 1.12
PATHOLOGY	7	20		198.25		9.91	.012		28.32		.12
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	195	410	\$	34,192.02	\$	83.40	.245	Ċ	175.34	ċ	20.44
CLINIC CLINIC	193	410	Ą	1,588.90	Ą	38.75	.025	ې	132.41	۲	.95
SURGICENTER	2	10		1,040.01		104.00	.023		520.01		.62
HEROIN DETOX CLINIC	1	20		222.97		11.15	.012		222.97		.13
RURAL HEALTH CLINIC		339		31,340.14							18.73
				MONTH-OF-PAYMENT RI							AGE 15,492
MOP024	FEE-FOR-SERVICE		. (11)	MONTH OF TATMENT N	DI OI	I FOR OAN 2	OMIT POO.	טטכ	2004		03/14/05
SONOMA COUNTY		ICES FOR MN - SO)C -	тотат.							03/11/03
201101111 0001111	COLUMN OF ORION	1010 1010 1110 00		T O 11111			M	ОИТ	HLY AVERA	GE	
1,673 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI						COST PER
,		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	135	1,559		53,636.89					397.31		
DURABLE MED. EQUIP.	13	40	•	9,485.52		237.14			729.66	•	5.67
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEADING AID DIGDENGEDG	4	7		2 226 44	210 40	0.04	FFO 11	1 24
HEARING AID DISPENSERS	4	1 010		2,236.44	319.49	.004	559.11	1.34
MEDICAL TRANSPORTATION	68	1,219		19,057.33	15.63	.729	280.25	11.39
AMBULANCES/AIR TRANS	51	541		9,414.20	17.40	.323	184.59	5.63
OTHER TRANS	13	668		1,531.04	2.29	.399	117.77	.92
OTHER SERVICES	8	10		8,112.09	811.21	.006	1014.01	4.85
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	19	45		482.21	10.72	.027	25.38	.29
PHYSICAL THERAPIST	1	2		39.91	19.96	.001	39.91	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6		271.44	45.24	.004	135.72	.16
HOSPICE SERVICES	5	157		21,158.29	134.77	.094	4231.66	12.65
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	36		394.90	10.97	.022	78.98	.24
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	47		510.85	10.87	.028	24.33	.31
@CALIF. CHILDREN SERVICES*	16	839	\$	157,230.02	\$ 187.40	.501	\$ 9826.88	\$ 93.98
@XOVER EXCLUDING STATE HOSP**	280	2,408	\$	107,647.55	\$ 44.70		\$ 384.46	\$ 64.34
O+ MOMATO TAL MUDON TIMES AND STU			TODA	ONIT 17				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDO BININ INC INCEORDS I	., ind introducting points divide indexe.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,493
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

SONOMA COUNTY	DOMINANT OF DERV	ATCHO LOLL LILL HOLLO	IDIN'I CAND AGED	AID CODE	10		
					MON	ITHLY AVERA	GE
9,202 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,411	409,514 \$	29,583,599.12	\$ 72.24	44.503	3143.51	\$ 3214.91
@PHYSICIANS SERVICES	742	1,253 \$	20,389.16	\$ 16.27	.136	27.48	\$ 2.22
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	7	34.35	4.91	.001	6.87	.00
HOSPITAL VISITS	2	4	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	3	34.35	11.45	.000	11.45	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.000	8.01	.00
EXAMINATIONS	1	1	8.01	8.01	.000	8.01	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

PRINCIPAL SURGEON	1	5		133.38		26.68	.001		133.38		.01
TRINGITIE BORGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		133.38		26.68	.001		133.38		.01
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		10.38		5.19	.000		10.38		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	734	1,238		20,203.04		16.32	.135		27.52		2.20
@PHARMACY	6,607	50,662	\$	2,499,088.36	\$	49.33	5.506	\$	378.25	\$	271.58
PRESCRIPTION DRUGS	6,584	46,372		2,486,327.84		53.62	5.039		377.63		270.19
SNF/ICF	6,374	45,176		2,441,592.88		54.05	4.909		383.06		265.33
OUTPATIENTS	251	1,196		44,734.96		37.40	.130		178.23		4.86
MEDICAL SUPPLIES	123	4,290		12,760.52		2.97	.466		103.74		1.39
@DENTIST	520	1,156	\$	41,831.50	\$.126	\$		\$	4.55
VISITS - DIAGNOSTIC	488	1,002		20,156.50		20.12	.109		41.30		2.19
ORAL SURGERY	15	50		2,444.00		48.88	.005		162.93		.27
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	19	20		1,453.00		72.65	.002		76.47		.16
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4	6		133.00		22.17	.001		33.25		.01
PROSTHETICS	Ō	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	38	78		17,645.00		226.22	.008		464.34		1.92
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	0		.00		.00	.000		.00		.00
THE CINER CERTICES											
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	ES MO	NTH-OF-PAYMENT RE	EPOR	r for Jan 2	2004 THRU	DEC	2004	P	AGE 15,494
	FEE-FOR-SERVICE	E/DENTAL			EPOR'	r for jan 2	2004 THRU	DEC	2004	P	AGE 15,494 03/14/05
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE				EPOR:	FOR JAN 2	13				03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	FEE-FOR-SERVICE SUMMARY OF SER	E/DENTAL /ICES FOR MN - LON		RM CARE - AGED		AID CODE	13 M	ONT	HLY AVERA	GE ·	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	E/DENTAL /ICES FOR MN - LON UNITS OF SERVICE			AVI	AID CODE	13 M UNITS/DAY	ONT	HLY AVERA COST PER	GE ·	03/14/05 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL /ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE	IG TE	RM CARE - AGED EXPENDITURES	AVI PEI	AID CODE ERAGE COST R UNIT/DAY	13 M UNITS/DAY PER ELIG	ONT	HLY AVERA COST PER USER	GE ·	03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 101	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289		RM CARE - AGED EXPENDITURES 4,931.53	AVI	AID CODE ERAGE COST R UNIT/DAY 17.06	13 M UNITS/DAY PER ELIG .031	ONT	HLY AVERA COST PER USER 48.83	GE ·	03/14/05 COST PER ELIGIBLE .54
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 101 7	E/DENTAL /ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7	IG TE	RM CARE - AGED EXPENDITURES 4,931.53 292.71	AVI PEI	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82	13 M UNITS/DAY PER ELIG .031 .001	ONT	HLY AVERA COST PER USER 48.83 41.82	GE ·	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 101 7 94	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272	IG TE	EXPENDITURES 4,931.53 292.71 4,581.58	AVI PEI	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84	13 M UNITS/DAY PER ELIG .031 .001 .030	ONT	HLY AVERA COST PER USER 48.83 41.82 48.74	GE ·	03/14/05 COST PER ELIGIBLE .54 .03 .50
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 101 7	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10	IG TE	EXPENDITURES 4,931.53 292.71 4,581.58 57.24	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72	13 M UNITS/DAY PER ELIG .031 .001 .030	ONT S \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18	GE ·	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 101 7 94 7	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2	IG TE	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72	13 M UNITS/DAY PER ELIG .031 .001 .030 .001	ONT S \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44	GE ·	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0	IG TE	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000	ONT S \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00	GE ·	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1	E/DENTAL /ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2	IG TE \$ \$	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000	ONT S \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44	GE (03/14/05
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#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1 1,226 0 0	E/DENTAL /ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0	IG TE \$ \$	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000	ONT S \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00	GE (03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1 1,226 0 0 0	E/DENTAL /ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 0	IG TE \$ \$	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 .00 16.72 .00 .00 .00	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000	ONT S \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00	GE (03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	### FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914	IG TE \$ \$	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 5.35	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .000 .208	ONT S \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00	GE (03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1 1,226 0 0 1,226 0	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914 0	S \$ \$ \$	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37	AVI PEI \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 5.35	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .000 .208	ONT S \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 .00 8.35	GE · · · · · · · · · · · · · · · · · · ·	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 .00 1.11 .00 .00 .00 1.11 .00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1 1,226 0 0 1,226 0 1	E/DENTAL VICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914 0 8	S S S S S	EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 10,233.37 .00 12.54	AVI PEI \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 5.35 .00 1.57	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .000 .208 .000 .000	ONT S \$ \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 8.35 .00 12.54	GE · · · · · · · · · · · · · · · · · · ·	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 .111 .00 .00 .111 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1 1,226 0 0 1,226 0 1 0	E/DENTAL //ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914 0 8 0	JG TE	RM CARE - AGED EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37 .00 12.54 .00	AVI PEI \$ \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 5.35 .00 1.57 .00	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .208 .000 .000	ONT S \$ \$ \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 8.35 .00 12.54	GE S S S S S S S S S S S S S S S S S S S	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 .1.11 .00 .00 .00 .1.11 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1 1,226 0 0 1,226 0 1 0 0 1	E/DENTAL //ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914 0 8 0 0 0	S S S S S	RM CARE - AGED EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37 .00 12.54 .00 .00	AVI PEI \$ \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 5.35 .00 1.57 .00 .00	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .208 .000 .000	ONT S \$ \$ \$ \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 8.35 .00 12.54 .00 .00	GE S S S S SSSSSSSSSSSSSSSSSSSSSSSSSSSS	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 .111 .00 .00 .00 .111 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 101 7 94 7 1 0 1 1,226 0 0 1,226 0 1 0 3	E/DENTAL //ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914 0 8 0 0 3	JG TE \$ \$ \$ \$ \$ \$ \$ \$ \$	RM CARE - AGED EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37 .00 12.54 .00 .00 .00 100.83	AVI PEI \$ \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 5.35 .00 1.57 .00 .00 33.61	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .208 .000 .000	ONT S \$ \$ \$ \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 1.11 .00 .00 .00 .111 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	### FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL //ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914 0 8 0 0 0 3 516	JG TE	RM CARE - AGED EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37 .00 12.54 .00 .00 100.83 79,032.12	AVI PEI \$ \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 5.35 .00 1.57 .00 .00 33.61 153.16	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .208 .000 .000	ONT S \$ \$ \$ \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSSSSSSSSSSSSSSSSSSSSSSSSSS	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 .1.11 .00 .00 .00 .1.11 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	### FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL //ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 10 2 1,914 0 0 1,914 0 8 0 0 1,914 0 3 516	JG TE \$ \$ \$ \$ \$ \$ \$ \$ \$	RM CARE - AGED EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37 .00 12.54 .00 .00 10.83 79,032.12 65,924.22	AVI PEI \$ \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 .00 .00 33.61 153.16 .00	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .208 .000 .000	ONT S \$ \$ \$ \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 .00 .00 33.61 .00 33.61 329.30 845.18	E	03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 9,202 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	### FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL //ICES FOR MN - LON UNITS OF SERVICE OR DAYS OF CARE 289 7 272 10 2 0 2 1,914 0 0 1,914 0 8 0 0 0 3 516	JG TE \$ \$ \$ \$ \$ \$ \$ \$ \$	RM CARE - AGED EXPENDITURES 4,931.53 292.71 4,581.58 57.24 33.44 .00 33.44 10,233.37 .00 .00 .00 10,233.37 .00 12.54 .00 .00 100.83 79,032.12	AVI PEI \$ \$ \$	AID CODE ERAGE COST R UNIT/DAY 17.06 41.82 16.84 5.72 16.72 .00 16.72 5.35 .00 .00 .00 5.35 .00 1.57 .00 .00 33.61 153.16	13 M UNITS/DAY PER ELIG .031 .001 .030 .001 .000 .000 .000 .208 .000 .000 .208 .000 .000	ONT S \$ \$ \$ \$ \$	HLY AVERA COST PER USER 48.83 41.82 48.74 8.18 33.44 .00 33.44 8.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	03/14/05 COST PER ELIGIBLE .54 .03 .50 .01 .00 .00 .00 .1.11 .00 .00 .00 .1.11 .00 .00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	000	.00	.00
ANCILLARIES	0	0	.00	.00	000	.00	.00
INPATIENT CROSSOVERS	78	0	65,924.22	.00	000	845.18	7.16
ALL OTHER INPATIENT	0	0	.00	.00	000	.00	.00
HOSP OUTPATIENT TOTAL	180	516	13,107.90	25.40	056	72.82	1.42
MEDICAL	0	0	.00	.00	000	.00	.00
SURGERY	1	1	41.64	41.64	000	41.64	.00
PATHOLOGY	0	0	.00	.00	000	.00	.00
RADIOLOGY	2	3	310.43	103.48	000	155.22	.03
ROOM USE	1	1	31.93	31.93	000	31.93	.00
CROSSOVERS/ALL OTH OUTPINT	180	511	12,723.90	24.90	056	70.69	1.38
@COUNTY HOSPITAL TOTAL	2	2	\$ 2.46	\$ 1.23	000	\$ 1.23	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	000	.00	.00
HSC HOSPITALS	0	0	.00	.00	000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	000	.00	.00
ANCILLARIES	0	0	.00	.00	000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	2	2.46	1.23	000	1.23	.00
MEDICAL	0	0	.00	.00	000	.00	.00
SURGERY	0	0	.00	.00	000	.00	.00
PATHOLOGY	0	0	.00	.00	000	.00	.00
RADIOLOGY	0	0	.00	.00	000	.00	.00
ROOM USE	0	0	.00	.00	000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 2 2 2.46 1.23 .000 1.23 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,495 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL VTMIIOD AMONOS SUMMARY OF SERVICES FOR MN - LONG TERM CARE - ACED AID CODE 13

SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MN - L	ONG	TERM CARE - AGED		AID CODE	13				
							M	IONT	HLY AVERA	GE	
9,202 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
· ·		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	238	514	Ś	79,029.66	\$	153.75	.056		332.06		8.59
COMM HOSP INPATIENT TOTAL	78	0		65,924.22		.00	.000		845.18		7.16
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	_	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	Ü		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	78	0		65,924.22		.00	.000		845.18		7.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	178	514		13,105.44		25.50	.056		73.63		1.42
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		41.64		41.64	.000		41.64		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	3		310.43		103.48	.000		155.22		.03
ROOM USE	1	1		31.93		31.93	.000		31.93		.00
CROSSOVERS/ALL OTH OUTPINT		509	Ċ	12,721.44	Ċ	24.99	.055	<u>_</u>	71.47	Ċ	1.38
@STATE HOSPITAL	8	279	\$	142,816.05	\$	511.89	.030	Ş	17852.01	Ş	15.52
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	8	279		142,816.05		511.89	.030		17852.01		15.52
@NURSING FACILITY	7,385	221,071	\$	25,031,094.73	\$	113.23	24.024	\$	3389.45	\$	2720.18
LEV A-INTERMEDIATE	0	0		.77		.00	.000		.00		.00
LEV B-REHAB MD	17	549		54,875.08		99.95	.060		3227.95		5.96
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		8,930.30		.00	.000		.00		.97
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7,368 49	220,522		24,967,288.58		113.22	23.965		3388.61		2713.25
@INTERMEDIATE CARE FACILDD	4 9	1,538	\$	251,710.65	\$	163.66	.167	\$	5136.95	\$	27.35
ICF DDH	36	1,097		169,371.24		154.39	.119		4704.76		18.41
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	13	441		82,339.41		186.71	.048		6333.80		8.95
@HEMODIALYSIS TOTAL	35	42	\$	21,841.54	\$	520.04	.005	ċ	624.04	Ċ	2.37
HOSPITAL BASED	0	0	Ą	21,041.34	Ą	.00	.000	Ą	.00	۲	.00
	35										
HEMODIALYSIS CENTER		42	Ċ	21,841.54	Ċ	520.04	.005	<u>_</u>	624.04	Ċ	2.37
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	6	\$	130.79	\$	21.80	.001	\$	21.80	\$.01
PATHOLOGY	6	6		130.79		21.80	.001		21.80		.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	108	144	\$	6,250.87	\$	43.41	.016	\$	57.88	\$.68
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		395.94		197.97	.000		395.94		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	107	142		5,854.93		41.23	.015		54.72		.64
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT 1	REPORT			DEC		F	PAGE 15,496
MOP024	FEE-FOR-SERVICE/						. ,	0		-	03/14/05
SONOMA COUNTY			ONG	TERM CARE - AGED		AID CODE	1.3				00, 11, 00
551.5121 0001111	SCIENTING OF SHIVE	.020 1010 1110 11	2110	12111 011111 110111		1110 0000	- 0				

9,202 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	AVERAGE COST			COST PER
	1 500	OR DAYS OF CAR	1 474 101 64	PER UNIT/DAY			ELIGIBLE
@ALL OTHER PROVIDERS	1,538	130,631	\$, ,		14.196		•
DURABLE MED. EQUIP.	158	1,052	101,801.64	96.77	.114	644.31	11.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	24	41	9,111.09	222.22	.004	379.63	.99
MEDICAL TRANSPORTATION	371	15 , 637	58,234.83			156.97	
AMBULANCES/AIR TRANS	14	43	1,301.87		.005	92.99	
OTHER TRANS	341	15 , 522	56 , 629.45	3.65	1.687	166.07	6.15
OTHER SERVICES	18	72	303.51	4.22	.008	16.86	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	67	4,661.86	69.58	.007	932.37	.51
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	106	239	2,911.18	12.18	.026	27.46	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	118	198	188.06	.95	.022	1.59	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	60	164	2,485.20	15.15	.018	41.42	.27
SPEECH AND AUDIOLOGY	97	227	11,484.31	50.59	.025	118.39	1.25
HOSPICE SERVICES	381	11,054	1,244,045.80	112.54	1.201	3265.21	135.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	374	101,952	39,177.67	.38	11.079	104.75	4.26
@CALIF. CHILDREN SERVICES*	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,765	66,410	\$ 521,491.56	•	7.217		·

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,497 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

SOUTHWILL OF SELV	VICES FOR MIN	ПОП	ig i	EIGH CHICE DITIND		AID CODE	23			
							MO	ONTHLY AVER	AGE	
USERS	UNITS OF SERV	JICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF (CARE			PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
51	1,869	9	\$	280,994.88	\$	150.35	17.632	\$ 5509.70	\$	2650.90
6	1:	1	\$	111.19	\$	10.11	.104	\$ 18.53	\$	1.05
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
0	()		.00		.00	.000	.00		.00
	USERS	OR DAYS OF (USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE 51 1,869 \$ 280,994.88 6 11 \$ 111.19 0 0 0 .00	USERS UNITS OF SERVICE EXPENDITURES AVEOR OR DAYS OF CARE 51 1,869 \$ 280,994.88 \$ 111.19 \$ 1	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE 51	USERS UNITS OF SERVICE OR DAYS OF CARE 1,869 \$ 280,994.88 \$ 150.35 17.632 \$ 5509.70	USERS UNITS OF SERVICE OR DAYS OF CARE 1.869 \$ 280,994.88 \$ 150.35 17.632 \$ 5509.70 \$ \$ 6 11 \$ 111.19 \$ 10.11 .104 \$ 18.53 \$ \$ 0 0 0 .00 .00 .00 .00 .00 .00 .00 .

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	Ō		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00		.00		
PRINCIPAL SURGEON	0	0					.000			.00
ASSISTANT SURGEON	•	U		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	6	11		111.19		10.11	.104	18.53		1.05
@PHARMACY	42	375	\$	19,002.48	\$	50.67	3.538	\$ 452.44	\$	179.27
PRESCRIPTION DRUGS	42	289	•	18,737.82	·	64.84	2.726	446.14		176.77
SNF/ICF	30	218		17,207.60		78.93	2.057	573.59		162.34
OUTPATIENTS	12	71		1,530.22		21.55	.670	127.52		14.44
MEDICAL SUPPLIES	2	86		264.66		3.08	.811	132.33		2.50
@DENTIST	3	6	\$	195.00	\$	32.50	.057	\$ 65.00	Ċ	1.84
	3		۲	95.00	۲			31.67	ې	
VISITS - DIAGNOSTIC	3	4				23.75	.038			.90
ORAL SURGERY	Ü	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	2	2		100.00		50.00	.019	50.00		.94
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	-	RES M		EPORT				P	AGE 15,498
MOP024	FEE-FOR-SERVICE/DENTA		100 11			TOIC OTHER	2001 111110 1	2001	-	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES I		ONG T	FRM CARE - BLIND		AID CODE	23			03/11/00
BONOTH COUNT	borning of blicerons	.01(111/ 1	0110 1	EIGI CIME DEIND		TIID CODE		NTHLY AVER	ACE.	
106 ELIGIBLES	USERS UNITS	OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS			COST PER
100 HHIGIDHHO		DAYS OF CAR		LZI LIVDI I OKLO		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70		\$ 53.11		.50
	0		۲	.00	۲	.00		.00	ې	
DIAGNOSTIC AND ANC. PROCED	1	0					.000			.00
EYE APPLIANCES	=	3		53.11		17.70	.028	53.11		.50
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	9	14	\$	61.27	\$	4.38	.132	\$ 6.81	\$.58
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	9	14		61.27		4.38	.132	6.81		.58
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00		.00
			•		•					

NURSE MIDWIFE	0		0 \$.0	0 \$	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$.0	0 \$	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 \$.0	0 \$	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3		2 \$	897.6		•		\$ 299.20	•
HOSP INPATIENT TOTAL	1		0	876.0		.00	.000	876.00	8.26
HSC HOSPITALS	0		0	.0		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0		0	.0		.00	.000	.00	.00
	0		0						
ACCOMMODATIONS	U		0	.0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	U		0	.0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.0		.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.0		.00	.000	.00	.00
ANCILLARIES	0		0	.0	0	.00	.000	.00	.00
INPATIENT CROSSOVERS	1		0	876.0	0	.00	.000	876.00	8.26
ALL OTHER INPATIENT	0		0	.0	0	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2		2	21.6	1	10.81	.019	10.81	.20
MEDICAL	0		0	.0		.00	.000	.00	.00
SURGERY	0		0	.0		.00	.000	.00	.00
PATHOLOGY	0		0	.0		.00	.000	.00	.00
RADIOLOGY	0		0	.0		.00	.000	.00	.00
	0		0	.0		.00	.000	.00	.00
ROOM USE	0								
CROSSOVERS/ALL OTH OUTPTNT	∠		2	21.6		10.81	.019	10.81	.20
@COUNTY HOSPITAL TOTAL	U		0 \$.0				\$.00	•
CO HOSPITAL INPATIENT TOTAL	0		0	.0		.00	.000	.00	.00
HSC HOSPITALS	0		0	.0		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.0	0	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.0	0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.0	0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.0	0	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.0		.00	.000	.00	.00
ANCILLARIES	0		0	.0	0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.0		.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.0		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0		0	.0		.00	.000	.00	.00
MEDICAL	0		0	.0		.00	.000	.00	.00
	0		0						
SURGERY	U		0	.0		.00	.000	.00	.00
PATHOLOGY	U		0	.0		.00	.000	.00	.00
RADIOLOGY	Ü		0	.0		.00	.000	.00	.00
ROOM USE	0		0	.0		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0		0	.0		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			DITURES	MONTH-OF-PAYMENT	REPO	ORT FOR JAN	2004 THRU D	EC 2004	PAGE 15,499
MOP024	FEE-FOR-SERVICE	/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN	- LONG	TERM CARE - BLIN	D	AID CODE	23		
							MO	NTHLY AVERA	GE
106 ELIGIBLES	USERS	UNITS OF SE	RVICE	EXPENDITURE	S A	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		2 \$	897.6			.019		
COMM HOSP INPATIENT TOTAL	1		0	876.0		.00	.000	876.00	8.26
HSC HOSPITALS	0		0	.0		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.0			.000	.00	.00
	0		0			.00			
ACCOMMODATIONS	•		-	.0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.0		.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.0		.00	.000	.00	.00
ANCILLARIES	0		0	.0		.00	.000	.00	.00
INPATIENT CROSSOVERS	1		0	876.0		.00	.000	876.00	8.26
ALL OTHER INPATIENT	0		0	.0	0	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2	2	21.61	10.81	.019	10.8	1	.20
MEDICAL	0	0	.00	.00	.000	. 0	0	.00
SURGERY	0	0	.00	.00	.000	. 0	0	.00
PATHOLOGY	0	0	.00	.00	.000	. 0	0	.00
RADIOLOGY	0	0	.00	.00	.000	. 0	0	.00
ROOM USE	0	0	.00	.00	.000	. 0	0	.00
CROSSOVERS/ALL OTH OUTPINT	2	2	21.61	10.81	.019	10.8	1	.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
MENTALLY ILL	0	0	.00	.00	.000	. 0	0	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	. 0	0	.00
@NURSING FACILITY	36	988	\$ 121,891.04	\$ 123.37	9.321	\$ 3385.8	6 \$	1149.92
LEV A-INTERMEDIATE	0	0	.00	.00	.000	. 0	0	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.0	0	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.0	0	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	. 0		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	. 0	0	.00
LEV B-REGULAR	36	988	121,891.04	123.37	9.321	3385.8		1149.92
@INTERMEDIATE CARE FACILDD	12	342	\$ 137,367.26	\$ 401.66	3.226	\$ 11447.2	7 \$	1295.92
ICF DDH	0	0	.00	.00	.000	. 0	0	.00
ICF DD	0	0	90.54	.00	.000	. 0	0	.85
ICF DDN/DDCN	12	342	137,276.72	401.39	3.226	11439.7		1295.06
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	. 0		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	. 0		.00
@REHABILITATION FACILITY	3	12	\$ 210.03	\$ 17.50	.113	\$ 70.0	1 \$	1.98
HOSPITAL BASED	0	0	.00	.00	.000	. 0		.00
INDEPENDENT FACILITY	3	12	210.03	17.50	.113	70.0		1.98
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		0 \$.00
PATHOLOGY	0	0	.00	.00	.000	. 0	0	.00
XO AND OTHERS	0	0	.00	.00	.000	. 0		.00
@ORGANIZED OUTPATIENT CLINIC	8	10	\$ 326.63	\$ 32.66	.094			3.08
CLINIC	0	0	.00	.00	.000	. 0	0	.00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 RURAL HEALTH CLINIC 8 10 326.63 32.66 .094 40.83 3.08 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,500 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MON	THLY AVERA	GE
106 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	106 \$	879.26	\$ 8.29	1.000 \$	97.70	\$ 8.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	42	92.59	2.20	.396	30.86	.87
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	36	79.50	2.21	.340	79.50	.75
OTHER SERVICES	2	6	13.09	2.18	.057	6.55	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.019	26.08	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.019	99.19	.94
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	60	661.40	11.02	.566	165.35	6.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	12 \$	210.03	\$ 17.50	.113 \$	70.01	\$ 1.98
@XOVER EXCLUDING STATE HOSP**	21	33 \$	6,613.08	\$ 200.40	.311 \$	314.91	\$ 62.39
0* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	E INFORMATION ITEM ON	LY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,501 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONIBULL ATTEDACE

SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

						MC	MIHLI AVERA	GE
9,223 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COS'	r UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,087	892 , 305	\$	128,131,019.64	\$ 143.60	96.748	\$ 12702.59	\$ 13892.55
@PHYSICIANS SERVICES	732	2,436	\$	64 , 553.47	\$ 26.50	.264	\$ 88.19	\$ 7.00
OUTPATIENT VISITS	22	26		1,428.27	54.93	.003	64.92	.15
OFFICE VISITS	14	16		514.16	32.14	.002	36.73	.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10		914.11	91.41	.001	101.57	.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0 142	0		.00		.00	.000	.00		.00
INPATIENT VISITS	142	572		.00 21,896.59		38.28	.062	154.20		2.37
HOSPITAL VISITS	37	255		9,952.48		39.03	.028	268.99		1.08
CRITICAL CARE	5	1.4		1.514.30		108.16	.002	302.86		.16
SNE/ICE/TRANS IP CARE	111	303		10 429 81		34 42	.033	93.96		1.13
ODUTUAL MOLOCICAL SERVICES	1	7		288 30		41 20	.001	72.10		.03
EVANTNATIONS	4	7		200.33		41.20	.001	72.10		.03
EXAMINATIONS MAMBRIALC	4	,		200.39		41.20	.000	.00		.00
SERVICES AND MAIERIALS	0	0		10 600 10		100.00	.000	505.20		
INPATIENT HOSPITAL SURGERY	Z I	98		7,009.19		108.26	.011			1.15
PRINCIPAL SURGEON	14	24		7,862.94		327.62	.003	561.64		.85
ASSISTANT SURGEON	3	3		683.54		227.85	.000	227.85		.07
ANESTHESIOLOGIST	9	71		2 , 062.71		29.05	.008	229.19		.22
OUTPATIENT SURGERY	62	217		7 , 076.39		32.61	.024	114.14		.77
PRINCIPAL SURGEON	10	16		1,005.62		62.85	.002	100.56		.11
ASSISTANT SURGEON	0	0		.00		.00	.000	.00 116.75		.00
ANESTHESIOLOGIST	52	201		6,070.77		30.20	.022	116.75		.66
DIALYSIS	0	0		.00		.00	.000			.00
PATHOLOGY	12	213		948.68		4.45	.023			.10
RADIOLOGY	43	127		4.434.68		34.92	. 014	79.06 103.13		.48
PSYCHIATRY	0	0		0.0		0.0	.000	.00		.00
TMMINTZATION AND INTECTION	2	2		1 401 70		700 85	.000	700.85		.15
OTHER SERVICES / ALL V_OVERS	523	1 17/		16 460 58		14 03	.127	31.49		1.79
INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	2 165	27 01/	ċ	1 075 474 11	ċ	14.05	3.016			
DDECODERMON DRUCC	2,163	27,014	Ą	1,270,474.11	ې	43.00	1.545	589.05		37.70
PRESCRIPTION DRUGS	2,130	14,248		1,270,000.84		89.14	1.343			
SNF/ICF	1,700	12,423		1,129,773.36		90.94	1.347			22.50
OUTPATIENTS	503	1,825 13,566		140,227.48 5,473.27		/6.84	.198		1	5.20
MEDICAL SUPPLIES	45	13,566		5,473.27		.40	1.471			.59
@DENTIST	265	1,239	\$	33,948.00 12,030.75	\$	27.40	.134	\$ 128.11		3.68
VISITS - DIAGNOSTIC	218	975		12 , 030.75		12.34		55.19		1.30
ORAL SURGERY	26	39		2,421.00		62.08	.004			.26
DRUGS	0	0		.00		.00				.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	49	51		7,752.00		152.00	.006	158.20		.84
ENDODONTICS	4	8		2,015.00		251.88	.001	158.20 503.75		.22
RESTORATIVE DENTISTRY	45	86		4,366.25		50.77	.009	97.03		.47
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	3	3		60.00		20.00		97.03 20.00		.01
DENTIRES STAYPLATES	17	76		5.303.00		69.78		311.94		.57
SPACE MAINTAINERS	0	0		00		.00	.000	.00		.00
MAYTILOFACTAL SERVICES	0	0		0.0		.00	.000			.00
FDACTIDES DISTOCATIONS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	2	975 39 0 0 51 8 86 3 76 0 0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	2	_		.00					DACE	
			5 MON1	.n-Of-PAIMENI R	EPORI	. FOR JAN 2	2004 IRKU	DEC 2004		3/14/05
	FEE-FOR-SERVICE		C ====1			3.70 0000	60		03	/14/05
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR MN - LONG	J TERM	CARE - DISABL	ED	AID CODE			~-	
0.000								ONTHLY AVERA		
9,223 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST				PER
		OR DAYS OF CARE				R UNIT/DAY				SIBLE
@OPTOMETRIST	135		\$	6 , 635.39	\$	17.60	.041		\$.72
DIAGNOSTIC AND ANC. PROCED	29	29		1,254.24		43.25	.003	43.25		.14
EYE APPLIANCES	126	341		5,301.99		15.55	.037	42.08		.57
OTHER OPTOMETRIC SERVICES	4	7		79.16		11.31	.001	19.79		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	236		\$	2,530.12	\$	6.49	.042		\$.27
			•	,						-

MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL HOSP INPATIENT TOTAL	9	9	282.40	31.38	.001	31.38	.03
SURGERY/ANES.	1	1	7.00	7.00	.000	7.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	227	380	2,240.72	5.90	.041	9.87	.24
@HOME HEALTH AGENCY	2	5 \$		\$ 70.19	.001		
NURSE ANESTHESIST	4	42 \$	161.01	\$ 3.83	.005		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	3 \$	68.70	\$ 22.90	.000	\$ 34.35	\$.01
FAMILY NURSE PRACTITIONER	4	5 \$ 42 \$ 0 \$ 3 \$ 4 \$ 1,364 \$		\$ 30.28	.000		
@TOTAL HOSPITAL	531	1,364 \$	454,935.99		.148		
HOSP INPATIENT TOTAL	65	219	416,138.72	1900.18	.024	6402.13	45.12
HSC HOSPITALS	5	135	185,976.00	1377.60	.015		20.16
NON-HSC HOSPITAL TOTAL	65 5 11	8 4 8 4	164,614.95	1959.70	.009	14965.00	17.85
ACCOMMODATIONS	11 1 0 10 11 49	84 31 0 53	40,865.61	486.50	.009	3715.06	4.43
ADMINISTRATIVE DAYS	1	31	7,170.30	231.30	.003	7170.30	.78
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	53	33,695.31	635.76	.006	3369.53	3.65
ANCILLARIES	11	U	123,749.34	.00	.000	11249.94	13.42
INPATIENT CROSSOVERS	49	0	65 , 547.77	.00	.000	1337.71	7.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
		0 1,145	38 , 797.27	33.88	.124	81.51	4.21
MEDICAL	9	10	327.95	32.80	.001	36.44	.04
HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	27	26	1,499.83	57.69 11.77	.003	55.55	.16
PATHOLOGY	31	107	1,259.59	11.77	.012	40.63	.14
RADIOLOGY	13	19	1,239.22	65.22	.002	95.32	.13
ROOM USE	53	83	3,662.16	44.12	.009	69.10	.40
CROSSOVERS/ALL OTH OUTPTNT	401	900	30,808.52	34.23	.098	76.83	3.34
@COUNTY HOSPITAL TOTAL	8	123 \$		\$ 1134.17		\$ 17437.83	
CO HOSPITAL INPATIENT TOTAL	3	103	139,256.00	1352.00	.011	46418.67	15.10
HSC HOSPITALS	3	103	139,256.00	1352.00	.011		15.10
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00 .00 .00 .00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00			.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	5	20	246.60	12.33	.002	49.32	.03
MEDICAL	1	2	19.81	9.91	.000	19.81	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	9	124.38	13.82	.001	124.38	.01
RADIOLOGY	1	1	16.49	16.49	.000	16.49	.00
ROOM USE	1	1_	53.10	53.10	.000	53.10	.01
CROSSOVERS/ALL OTH OUTPTNT	3	7	32.82	4.69	.001	10.94	.00
		ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU D	DEC 2004	PAGE 15,503
MOP024	FEE-FOR-SERVICE				60		03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - DISABLE	ED AID CODE			
0.000 51 50555						ONTHLY AVERA	
9,223 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OCOMMUNITARY HOODITERS TO THE T	F02	OR DAYS OF CARE	215 422 20	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	523	1,241 \$	315,433.39	\$ 254.18	.135		
COMM HOSP INPATIENT TOTAL	62	116	276,882.72	2386.92	.013	4465.85	30.02
HSC HOSPITALS	2	32	46,720.00	1460.00	.003	23360.00	5.07
NON-HSC HOSPITALS TOTAL	11	84	164,614.95	1959.70	.009	14965.00	17.85
ACCOMMODATIONS	11	84	40,865.61	486.50	.009	3715.06	4.43

ADMINISTRATIVE DAYS	1	31		7,170.30		231.30	.003		7170.30		.78
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	53		33,695.31		635.76	.006		3369.53		3.65
ANCILLARIES	11	0		123,749.34		.00	.000		11249.94		13.42
INPATIENT CROSSOVERS	49	0		65 , 547.77		.00	.000		1337.71		7.11
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	471	1,125		38,550.67		34.27	.122		81.85		4.18
MEDICAL	8	8		308.14		38.52	.001		38.52		.03
SURGERY	27	26		1,499.83		57.69	.003		55.55		.16
PATHOLOGY	30	98		1,135.21		11.58			37.84		.12
RADIOLOGY	12	18		1,222.73		67.93 44.01	.002		101.89		.13
ROOM USE	52	82		3,609.06		44.01	.009		69.41		.39
CROSSOVERS/ALL OTH OUTPINI	398	893		30 , 775.70		34.46	.097		77.33		3.34
@STATE HOSPITAL	7 , 458	230,047	\$	116,621,975.06	\$	506.95	24.943	\$	15637.16	\$	12644.69
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	7,458	230,047		116,621,975.06		506.95	24.943		15637.16		12644.69
@NURSING FACILITY	999	29 , 999	\$	3,882,020.85	\$		3.253	\$	3885.91	\$	420.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	219	6,884		793,421.10		115.26	.746		3622.93		86.03
LEV B-SUBACUTE FREESTANDING		346		127,772.56		369.28	.038		11615.69		13.85
LEV B-SUBACUTE HSPTL BASED	15	471		207,264.17		440.05	.051		13817.61		22.47
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	755 1,032	22 , 298		2,753,563.02		123.49	2.418		3647.10		298.55
@INTERMEDIATE CARE FACILDD	1,032	31 , 776	\$	5,178,811.46	\$	162.98	3.445	\$	5018.23	\$	561.51
ICF DDH	812	24 , 894		3,830,771.15		153.88	2.699		4717.70		415.35
ICF DD	10	323		35,741.58		110.66	.035		3574.16		3.88
ICF DDN/DDCN	211	6 , 559				200.08	.711		6219.43		142.29
@HEMODIALYSIS TOTAL	48	57	\$	31,503.92	\$	552.70	.006	\$	656.33	\$	3.42
HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	48	57		31,503.92		552.70	.006		656.33		3.42
@REHABILITATION FACILITY	1	5	\$	189.94	\$	37.99	.001	\$	189.94	\$.02
HOSPITAL BASED	1	5		189.94		37.99	.001		189.94		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	91	194	\$	2,142.47	\$	11.04	.021	\$	23.54	\$.23
PATHOLOGY	89	190		2,131.11		11.22	.021		23.95		.23
XO AND OTHERS	2	4		11.36		2.84	.000		5.68		.00
@ORGANIZED OUTPATIENT CLINIC	47	84	\$	4,341.09	\$	51.68	.009	\$		\$.47
CLINIC	2	3		26.57		8.86	.000		13.29		.00
SURGICENTER	1	1		29.53		29.53	.000		29.53		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	44	80		4,284.99		53.56	.009		97.39		.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	IRES	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN	2004 THRU	DEC	2004	E	AGE 15,504
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR MN - I	ONG	TERM CARE - DISABLE	ED	AID CODE	63				
							M	CNO	THLY AVERA	GΕ	
9,223 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RΕ		PEF	R UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,986	566,469	\$	571,256.03	\$	1.01	61.419		287.64	\$	61.94
DURABLE MED. EQUIP.	247	1,180		150,247.05		127.33	.128		608.29		16.29
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	8	10		830.31		83.03	.001		103.79		.09
MEDICAL TRANSPORTATION	149	8,555		46,102.29		5.39	.928		309.41		5.00
AMBULANCES/AIR TRANS	30	418		6,003.41		14.36	.045		200.11		.65
OTHER TRANS	103	7,994		38,068.37		4.76	.867		369.60		4.13
OTHER SERVICES	19	143		2,030.51		14.20	.016		106.87		.22
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	135	285		3,319.05	11.65	.031	24.59	.36
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	29	49		741.93	15.14	.005	25.58	.08
PROSTHETIST/ORTHOTISTS	3	34		12.34	.36	.004	4.11	.00
PROSTHETICS	3	34		12.34	.36	.004	4.11	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	4	6		168.22	28.04	.001	42.06	.02
SPEECH AND AUDIOLOGY	347	1,104		48,706.06	44.12	.120	140.36	5.28
HOSPICE SERVICES	36	1,316		168,585.11	128.10	.143	4682.92	18.28
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	12		132.28	11.02	.001	132.28	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,210	553 , 918		152,411.39	.28	60.058	125.96	16.53
@CALIF. CHILDREN SERVICES*	2	40	\$	361.88	\$ 9.05	.004	\$ 180.94	\$.04
@XOVER EXCLUDING STATE HOSP**	1,985	366,017	\$	373,245.74	\$ 1.02	39.685	\$ 188.03	\$ 40.47
A+ MOMATO TAL MURCE TIMES ADE CIVI	TAL AC A CEDADAM	D TAIDODMADITONI	TERM C	NIT IZ -				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOE BITTI THE INCEODED :		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,505
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			TH-OF-PAYMENT RE	PORT FOR JAN 20	004 THRU DEC	2004	PAGE 15,506
MOP024	FEE-FOR-SERVICE						03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG TERM	M CARE - FAMILIES				
00 51 16151 56	HOPPS				MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
A O DECOMEED I CE	^	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$ 0	.00	\$.00	.000 \$.00	•
DIAGNOSTIC AND ANC. PROCED	U	U	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	5		\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
OTHER	0							
@HOME HEALTH AGENCY	0	0 \$			\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$			\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$			\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	>	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ō		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	0	0						
ALL OTHER ACCOM	0			.00	.00	.000	.00	.00
ANCILLARIES	U	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	Ō		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	5		\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
ACCOMMODATIONS	-	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONIMH-OF					
" -			MONIU-OF	TAIMENI KEP	ONI FOR JAN	ZUU4 INKU	DEC 2004	PAGE 15,507
MOP024	FEE-FOR-SERVICE/DENTAL		T DEDM CTD	D DAMETTEC	DICCOMMI	IIID		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	JK MN - LONG	J TEKM CAR	r - ramilies	DISCONTIN	IOED		

		OR DAYS OF CARE	:		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ô		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0	\$		ċ	.00		ċ	.00	\$.00
@STATE HOSPITAL	0	0	Ş	.00	\$.000	\$		Ą	.00
MENTALLY ILL	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED		0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00			.00		.00
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	004 THRU	DEC	2004		
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MN - LC	NG :	TERM CARE - FAMILIE	IS						
00 =									HLY AVERA		
00 ELIGIBLES				EXPENDITURES							
_		OR DAYS OF CARE				R UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$		\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00							
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,509
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

----- MONTHLY AVERAGE -----18,531 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 19,549 1,303,688 \$ 157,995,613.64 \$ 121.19 70.352 \$ 8082.03 \$ 8526.02 3,700 1,480 85,053.82 \$ 22.99 .200 \$ 57.47 \$ @PHYSICIANS SERVICES 22 26 64.92 OUTPATIENT VISITS 1,428.27 .08 16 36.73 OFFICE VISITS 14 514.16 .03 0 0 .00 .00 HOME VISITS 10 914.11 101.57 .05 EMERGENCY ROOM 0 PREVENTIVE CARE .00 .00 .00 .00 .00 0 OB VISITS/COMPRE PERI .00 0 OTHER OUTPATIENT 0 .00 .00 147 37.88 579 149.19 INPATIENT VISITS 21,930.94 1.18 39 259 9,952.48 38.43 .014 255.19 HOSPITAL VISITS 108.16 34.20 37.05 37.05 .00 5 302.86 CRITICAL CARE 14 1,514.30 .001 .08 SNF/ICF/TRANS IP CARE 306 10,464.16 91.79 .017 .56 59.28 OPHTHALMOLOGICAL SERVICES 8 296.40 .000 .02 8 59.28 EXAMINATIONS 296.40 .000 .02 0 .00 .00 .000 SERVICES AND MATERIALS .00 10,609.19 108.26 .005 505.20 .57 INPATIENT HOSPITAL SURGERY 24 327.62 PRINCIPAL SURGEON 14 7,862.94 .001 561.64 .42 3 227.85 ASSISTANT SURGEON 3 683.54 .000 227.85 .04 ANESTHESIOLOGIST 2,062.71 29.05 .004 229.19 .11

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	63	222		7,209.77		32.48	.012		114.44		.39
PRINCIPAL SURGEON	10	16		1,005.62		62.85	.001		100.56		.05
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	53	206		6,204.15		30.12	.011		117.06		.33
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	213		948.68		4.45	.011		79.06		.05
RADIOLOGY	44	129		4,445.06		34.46	.007		101.02		.24
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		1,401.70		700.85	.000		700.85		.08
OTHER SERVICES/ALL X-OVERS	1,263	2,423		36,783.81		15.18	.131		29.12		1.98
@PHARMACY	8,814	78 , 851	\$	3,793,564.95	\$	48.11	4.255	\$	430.40	\$	204.71
PRESCRIPTION DRUGS	8,782	60 , 909		3,775,066.50		61.98	3.287		429.86		203.72
SNF/ICF	8,104	57 , 817		3,588,573.84		62.07	3.120		442.82		193.65
OUTPATIENTS	766	3,092		186,492.66		60.31	.167		243.46		10.06
MEDICAL SUPPLIES	170	17,942		18,498.45		1.03	.968		108.81		1.00
@DENTIST	788	2,401	\$	75,974.50	\$	31.64	.130	\$	96.41	\$	4.10
VISITS - DIAGNOSTIC	709	1,981		32,282.25		16.30	.107		45.53		1.74
ORAL SURGERY	41	89		4,865.00		54.66	.005		118.66		.26
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	68	71		9,205.00		129.65	.004		135.37		.50
ENDODONTICS	4	8		2,015.00		251.88	.000		503.75		.11
RESTORATIVE DENTISTRY	49	92		4,499.25		48.90	.005		91.82		.24
PROSTHETICS	3	3		60.00		20.00	.000		20.00		.00
DENTURES, STAYPLATES	57	156		23,048.00		147.74	.008		404.35		1.24
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MON	NTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 15,510
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ									03/14/05

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR MN - LON	IG TE	ERM CARE - TOTAL						~-	
40 504							MC			GE.	
18,531 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3			COST PER
		OR DAYS OF CARE	_			R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	237		\$	11,620.03	\$	17.37	.036	\$	49.03	\$.63
DIAGNOSTIC AND ANC. PROCED	36	36		1,546.95		42.97	.002		42.97		.08
EYE APPLIANCES	221	616		9,936.68		16.13	.033		44.96		.54
OTHER OPTOMETRIC SERVICES	11	17		136.40		8.02	.001		12.40		.01
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	1,471	2,318	\$	12,824.76	\$	5.53	.125	\$	8.72	\$.69
MEDICINE/INJECTIONS	9	9		282.40		31.38	.000		31.38		.02
SURGERY/ANES.	1	1		7.00		7.00	.000		7.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1,462	2,308		12,535.36		5.43	.125		8.57		.68
@HOME HEALTH AGENCY	2	5	Ś		\$	70.19	.000	Ś	175.47	Ś	.02
NURSE ANESTHESIST	5	50	Ś	173.55	\$	3.47	.003		34.71	\$.01
NURSE MIDWIFE	0	0	Š	.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER		3	Ś		\$	22.90	.000		34.35	\$.00
FAMILY NURSE PRACTITIONER	7	7	¢		\$.000		31.70	\$.01
@TOTAL HOSPITAL	774	1,882	¢	534,865.72	¢	284.20	.102		691.04		28.86
HOSP INPATIENT TOTAL	144	219	Y	482,938.94	Y	2205.20	.012	Y	3353.74	Y	26.06
HSC HOSPITALS	5	135		185,976.00		1377.60	.012		37195.20		10.04
NON-HSC HOSPITAL TOTAL	11	84		•		1959.70	.005		14965.00		8.88
ACCOMMODATIONS	11			164,614.95		486.50					2.21
	1	84		40,865.61			.005		3715.06		
ADMINISTRATIVE DAYS		31		7,170.30		231.30	.002		7170.30		.39
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	53		33,695.31		635.76	.003		3369.53		1.82
ANCILLARIES	11	0		123,749.34		.00	.000		11249.94		6.68
INPATIENT CROSSOVERS	128	0		132,347.99		.00	.000		1033.97		7.14
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	658	1,663		51,926.78		31.22	.090		78.92		2.80
MEDICAL	9	10		327.95		32.80	.001		36.44		.02
SURGERY	28	27		1,541.47		57.09	.001		55.05		.08
PATHOLOGY	31	107		1,259.59		11.77	.006		40.63		.07
RADIOLOGY	15	22		1,549.65		70.44	.001		103.31		.08
ROOM USE	54	84		3,694.09		43.98	.005		68.41		.20
CROSSOVERS/ALL OTH OUTPINT		1,413		43,554.03		30.82	.076		74.71		2.35
@COUNTY HOSPITAL TOTAL	10		\$		\$	1116.04			13950.51	\$	7.53
CO HOSPITAL INPATIENT TOTAL		103		139,256.00		1352.00	.006		46418.67		7.51
HSC HOSPITALS	3	103		139,256.00		1352.00	.006		46418.67		7.51
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	22		249.06		11.32	.001		35.58		.01
MEDICAL	1	2		19.81		9.91	.000		19.81		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	9		124.38		13.82	.000		124.38		.01
RADIOLOGY	1	1		16.49		16.49	.000		16.49		.00
ROOM USE	1	1		53.10		53.10	.000		53.10		.00
1.0011 001	<u>+</u>	±		33.10		00.10	• 0 0 0		00.10		• 0 0

ONODDOVEND/ HEE OF H OUT INT	<u> </u>	-	00.20	0.55			• • •
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPOR	T FOR JAN 200)4 THRU DEC	2004	PAGE 15,511
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR MN - LONG TER	RM CARE - TOTAL				
					MONTH	ILY AVERAGE	
18,531 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AV	ERAGE COST UN	NITS/DAYS C	OST PER	COST PER
	OR DA	AYS OF CARE	PE	R UNIT/DAY P	PER ELIG	USER	ELIGIBLE

							M	CNI	HLY AVERA	GE.	
18,531 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3				PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	764	1,757	\$	395,360.66	\$	225.02	.095	\$	517.49	\$	21.34
COMM HOSP INPATIENT TOTAL	141 2 11 11	116		343,682.94	2	225.02 2962.78 460.00 .959.70 486.50 231.30 .00 635.76	.006		2437.47		18.55
HSC HOSPITALS	2	32		46,720.00	1	460.00	.002		23360.00		2.52
NON-HSC HOSPITALS TOTAL	11	84		164,614.95	1	959.70	.005		14965.00		8.88
ACCOMMODATIONS	11	84		40,865.61		486.50	.005		3715.06		2.21
ADMINISTRATIVE DAYS	1	31		7,170.30		231.30	.002		7170.30		.39
TRANSITIONAL IP CARE	0	84 31 0 53		.00		.00	.000		7170.30		.00
ALL OTHER ACCOM	10	5.3		33,695.31		635.76	.003		3369.53		1.82
ANCILLARIES	11	0		123,749.34		.00	.000		11249.94		6.68
INPATIENT CROSSOVERS	128	0		123,749.34 132,347.99 .00 51,677.72 308.14 1,541.47 1,135.21 1,533.16 3,640.99 43,518.75		. 0.0	.000		1033.97		7.14
ALL OTHER INPATIENT	0	0		00		0.0	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	651	1,641		51 677 72		31 49	.089		79 38		2.79
MEDICAL	8	8		308 14		38 52	.000		79.38 38.52 55.05		.02
SURGERY		27		1 541 47		57 09	.001		55 05		.08
PATHOLOGY	28 30	2 /		1 135 21		11 50	.005		37.03		.06
RADIOLOGY	1 /	98 21 83 1,404		1,133.21		72 01	.003		55.05 37.84 109.51		.08
ROOM USE	14	0.2 7.T		2,535.10		13.01	.001		69.31		.20
CROSSOVERS/ALL OTH OUTPINT	53	1 404		3,040.99 42 E10 7E		43.07	.076		68.70 75.29		2.35
CROSSOVERS/ALL OIR OUIPINI	376	1,404	Ċ	43,310.73	Ċ	31.00	10 400	ċ	15.29	Ċ	2.33
@STATE HOSPITAL	7,466	230,326	Ş	116,764,791.11	Ş	506.95	12.429	Ş	15639.54	Ş	6301.05
MENTALLY ILL	0	U		.00		.00	.000		.00		.00
DEVELOP. DISABLED @NURSING FACILITY	7,466	230,326		.00 116,764,791.11 29,035,006.62		506.95	12.429		15639.54		6301.05
@NURSING FACILITY	8,420	1,404 230,326 0 230,326 252,058 0 7,433 346 471 0 243,808 33,656 25,991 323	Ş	29,035,006.62	Ş	115.19	13.602			Ş	
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		25,033,000.02 .77 848,296.18 127,772.56 216,194.47 .00 27,842,742.64		.00	.000		.00		.00
LEV B-REHAB MD	236	7,433		848,296.18		114.13			3594.48		45.78
LEV B-SUBACUTE FREESTANDING	11	346		127,772.56		369.28	.019		11615.69		6.90
LEV B-SUBACUTE HSPTL BASED	15	471		216,194.47		459.01	.025		14412.96		11.67
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	8 , 159	243,808		27,842,742.64 5,567,889.37 4,000,142.39		114.20	13.157 1.816		3412.52		1502.50
@INTERMEDIATE CARE FACILDD	1,093	33 , 656	\$	3,30/,889.3/	Ş	103.44	1.816	\$	5094.13	\$	300.46
ICF DDH	848	25 , 991		4,000,142.39		153.90	1.403 .017		4717.15		215.86
ICF DD	10	323		35,832.12		153.90 110.94 208.65	.017		3583.21		1.93
ICF DDN/DDCN	236	7,342		1,531,914.86 53,345.46		208.65	.396		6491.16		82.67
@HEMODIALYSIS TOTAL	83	99	\$	53,345.46	\$	538.84	.005	\$	642.72	\$	2.88
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	83	99 0 99 17 5 12 200		53,345.46 399.97 189.94		538.84	.005		642.72		2.88
@REHABILITATION FACILITY	4	17	\$	399.97	\$	23.53	.001	\$	99.99	\$.02
HOSPITAL BASED	1	5		189.94		37.99	.000		189.94		.01
INDEPENDENT FACILITY	3	12		210.03		1/.50	.001		70.01		.01
@LABORATORY FACILITY	97 95	200	\$		\$	11.37 11.54	.011	\$	23.44	\$.12
PATHOLOGY	95	196		2,261.90	·	11.54	.011		23.81		.12
XO AND OTHERS	2	4				2.84	.000		5.68		.00
@ORGANIZED OUTPATIENT CLINIC	163	238	\$	10,918.59			.013			Ś	.59
CLINIC	2		7	26.57	7	8 86	000	т.	13.29	т.	.00
SURGICENTER	2	3 3		425.47		8.86 141.82	.000		212.74		.02
HEROIN DETOX CLINIC	0	0		0.0		.00	.000		.00		.00
RURAL HEALTH CLINIC	0 159	232		10,466.55		45.11	.013		65.83		.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAI SERVITO	CEC VND EADENDILLIIC CEC VND EADENDILLIIC			FDORT			DEC		Т	PAGE 15,512
MOP024	FEE-FOR-SERVICE		الما داشا	ONTH OF EATHERT KI	DI OIVI	TOIL OWN .	2004 11110	טייע	, 2004	Г	03/14/05
		TICEC EOD MN IC	NIC III	IEDM CADE HOMAI							03/14/03

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

18,531 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	3 , 533	697 , 206	\$	2,046,236.93	\$ 2.93	37.624	\$ 579.18	\$	110.42
DURABLE MED. EQUIP.	405	2,232		252,048.69	112.93	.120	622.34		13.60
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	32	51		9,941.40	194.93	.003	310.67		.54
MEDICAL TRANSPORTATION	523	24,234		104,429.71	4.31	1.308	199.67		5.64
AMBULANCES/AIR TRANS	44	461		7,305.28	15.85	.025	166.03		.39
OTHER TRANS	445	23,552		94,777.32	4.02	1.271	212.98		5.11
OTHER SERVICES	39	221		2,347.11	10.62	.012	60.18		.13
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	5	67		4,661.86	69.58	.004	932.37		.25
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	242	526		6 , 256.31	11.89	.028	25.85		.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	147	247		929.99	3.77	.013	6.33		.05
PROSTHETIST/ORTHOTISTS	3	34		12.34	.36	.002	4.11		.00
PROSTHETICS	3	34		12.34	.36	.002	4.11		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	64	170		2,653.42	15.61	.009	41.46		.14
SPEECH AND AUDIOLOGY	445	1,333		60,289.56	45.23	.072	135.48		3.25
HOSPICE SERVICES	417	12,370		1,412,630.91	114.20	.668	3387.60		76.23
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	5	72		793.68	11.02	.004	158.74		.04
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1,584	655 , 870		191,589.06	.29	35.393	120.95		10.34
@CALIF. CHILDREN SERVICES*	5	52	\$	571.91	\$ 11.00	.003	\$ 114.38	\$.03
@XOVER EXCLUDING STATE HOSP**	4,771	432,460	\$		\$ 2.08	23.337	\$ 188.92	\$	48.64

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,513 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DOLLINICI OI DIII	VICED FOR THEFTON.	TT T 111	DDDI 110DD				
					MO	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
23,276	693 , 345	\$	36,953,386.48	\$ 53.30	24.674	\$ 1587.62	\$ 1315.07
3 , 299	11,111	\$	301,216.24	\$ 27.11	.395	\$ 91.31	\$ 10.72
500	667		28,705.66	43.04	.024	57.41	1.02
358	480		16,240.65	33.83	.017	45.36	.58
0	0		.00	.00	.000	.00	.00
148	172		11,982.21	69.66	.006	80.96	.43
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
14	15		482.80	32.19	.001	34.49	.02
103	429		19,217.09	44.80	.015	186.57	.68
96	407		17,882.94	43.94	.014	186.28	.64
2	7		851.20	121.60	.000	425.60	.03
11	15		482.95	32.20	.001	43.90	.02
79	99		4,183.14	42.25	.004	52.95	.15
	USERS 23,276 3,299 500 358 0 148 0 0 14 103 96 2 11	USERS UNITS OF SERVICE OR DAYS OF CARE 23,276 693,345 3,299 11,111 500 667 358 480 0 0 148 172 0 0 0 0 14 15 103 429 96 407 2 7 11 15	USERS UNITS OF SERVICE OR DAYS OF CARE 23,276 693,345 \$ 3,299 11,111 \$ 500 667 358 480 0 0 148 172 0 0 0 0 14 15 103 429 96 407 2 7 11 15	USERS UNITS OF SERVICE OR DAYS OF CARE 23,276 693,345 \$ 36,953,386.48 3,299 11,111 \$ 301,216.24 500 667 28,705.66 358 480 16,240.65 0 0 .00 148 172 11,982.21 0 0 0 .00 0 0 0 .00 144 15 482.80 103 429 19,217.09 96 407 17,882.94 2 7 851.20 11 15 482.95	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 23,276 693,345 \$ 36,953,386.48 \$ 53.30 3,299 11,111 \$ 301,216.24 \$ 27.11 500 667 28,705.66 43.04 358 480 16,240.65 33.83 0 0 0 .00 .00 148 172 11,982.21 69.66 0 0 0 .00 0 0 .00 144 15 482.80 32.19 103 429 19,217.09 44.80 96 407 17,882.94 43.94 2 7 851.20 121.60 11 15 482.95 32.20	USERS UNITS OF SERVICE OR DAYS OF CARE 23,276 693,345 \$ 36,953,386.48 \$ 53.30 24.674 3,299 11,111 \$ 301,216.24 \$ 27.11 .395 500 667 28,705.66 43.04 .024 358 480 16,240.65 33.83 .017 0 0 0 .00 .00 .00 148 172 11,982.21 69.66 .006 0 0 0 .00 .00 .00 148 172 11,982.21 69.66 .006 0 0 0 .00 .00 .00 14 15 482.80 32.19 .001 103 429 19,217.09 44.80 .015 96 407 17,882.94 43.94 .014 2 7 851.20 121.60 .000 11 15 482.95 32.20 .001	USERS UNITS OF SERVICE OR DAYS OF CARE 23,276 693,345 \$ 36,953,386.48 \$ 53.30 24.674 \$ 1587.62 3,299 11,111 \$ 301,216.24 \$ 27.11 .395 \$ 91.31 500 667 28,705.66 43.04 .024 57.41 358 480 16,240.65 33.83 .017 45.36 0 0 0 .00 .00 .000 .000 148 172 11,982.21 69.66 .006 80.96 0 0 0 .00 .00 .00 .00 144 15 482.80 32.19 .001 34.49 103 429 19,217.09 44.80 .015 186.57 96 407 17,882.94 43.94 .014 186.28 2 7 851.20 121.60 .000 43.90

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EVAMINADIONO	77	97	4,112.56	42.40	.003	53.41		.15
EXAMINATIONS SERVICES AND MATERIALS		2	70.58	42.40	.003	35.29		.00
	2 42 25	198	18,087.93	42.40 35.29 91.35	.007	430.67		.64
INPATIENT HOSPITAL SURGERY	42	28	18,087.93	466.67		522.68		.64 .47
PRINCIPAL SURGEON	25	28	13,000.88					
ASSISTANT SURGEON	6 20 80 67	6 164 182	1,097.93	182.99	.000	182.99		.04
ANESTHESIOLOGIST	20	164	3,923.12	23.92 120.89	.006	196.16		.14
OUTPATIENT SURGERY	80	182	22,002.27	120.89	.006	275.03		.78
PRINCIPAL SURGEON	6.7	81	18,914.61	233.31	.003	282.31		. 67
ASSISTANT SHRGEON	Δ	4	343.65	85.91	.000	85.91		.01
ANESTHESIOLOGIST	21 52 91 385	97 66	2,744.01 13,056.82	28.29 197.83	.003	130.67		.10
DIALYSIS	52	66	13,056.82	197.83	.002	251.09		.46
PATHOLOGY	91	233	4,512.52	19.37		49.59		.16
RADIOLOGY	385	766	40,635.95	53.05	.027	105.55		.45
PSICHIAIRI		0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	38	309	25 , 677.60	83.10	.011	675.73		.91
OTHER SERVICES/ALL X-OVERS	2,502	8,162	125,137.26		.290	50.01	4.	.45
@PHARMACY	17,679	222,958 \$	5,564,125.33	\$ 24.96	7.934 \$	314.73	\$ 198.	.01
PRESCRIPTION DRUGS	17,410	88,853	5,458,918.73	61.44	3.162	313.55	194.	.27
SNF/ICF	6,767	47,835	2,594,978.48	54.25	1.702	383.48	92.	.35
OUTPATIENTS	10,715	88,853 47,835 41,018	2,863,940.25	61.44 54.25 69.82	1.460	267.28	101.	.92
MEDICAL SUPPLIES	1,227	134,105	105,206.60	.78	4.772	85.74	3.	.74
OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	1,048	3,096 \$	128,522.05	\$ 41.51		122.64	\$ 4.	.57
VISITS - DIAGNOSTIC	837	2,074	24 756 00	16 76	.074	41.52	1.	.24
ORAL SURGERY	109	356	18.127.25	16.76 50.92	.013	166.31		. 65
DRUGS	2	2	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	34	2 0 35 20	2,853.00	.00 81.51 205.50	.001	.00 83.91		.10
ENDODONTICS	1.4	20	4,110.00	205.50	.001	293.57		.15
RESTORATIVE DENTISTRY	97	259	14.126.05	54.54	.009	145.63		.50
PROSTHETICS		- 6	100 00	20.00	. 000	20.00		.00
DENTURES, STAYPLATES	136	343	54,429.75	158.69	.012	400.22		.94
SPACE MAINTAINERS	0	0	.00	.00	.012	.00		.00
MAXILLOFACIAL SERVICES		0	.00	.00		.00		.00
FRACTURES, DISLOCATIONS		0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	6	1	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDUTO	LEG YND EADENDILLIDEG T					PAGE 15	
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENT N	EFORT FOR OAN	2004 IIIKO DE	10 2004		14/05
SONOMA COUNTY		JICES FOR MEDICALLY	MEEDY - ACED				03/1	.4/03
SONOPIA COUNTI	SOUTHART OF SER	VICES FOR MEDICALLI	MEEDI - AGED		MON	עטםוא אווהטא	CF	
28,100 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			-	
70,100 FF1G1DFF2	ODERO	OR DAYS OF CARE	EVLENDII OKE?	PER UNIT/DAY		USER		
OODHOMEHDIOH	220	OR DAYS OF CARE	10 (00 00	PER UNIT/DAY				2 7 1 1 1 1

							M	OIN.	ITLI AVERA	GĽ.	
28,100 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	339	1,057	\$	18 , 688.92	\$	17.68	.038	\$	55.13	\$.67
DIAGNOSTIC AND ANC. PROCED	61	67		2,533.53		37.81	.002		41.53		.09
EYE APPLIANCES	297	932		15 , 156.88		16.26	.033		51.03		.54
OTHER OPTOMETRIC SERVICES	33	58		998.51		17.22	.002		30.26		.04
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.000	\$	25.08	\$.00
VISITS	1	1		16.72		16.72	.000		16.72		.00
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	1,439	2,277	\$	13,548.60	\$	5.95	.081	\$	9.42	\$.48
MEDICINE/INJECTIONS	7	16		410.38		25.65	.001		58.63		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1,432	2,261		13,138.22		5.81	.080		9.17		.47
@HOME HEALTH AGENCY	41	188	\$	13,032.93	\$	69.32	.007	\$	317.88	\$.46
NURSE ANESTHESIST	2	8	\$	12.54	\$	1.57	.000	\$	6.27	\$.00
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	2 1 1 1,439 7 0 0 1,432	3 1 2 2,277 16 0 0 2,261 188	•	50.16 16.72 33.44 13,548.60 410.38 .00 .00 13,138.22 13,032.93	\$ \$	16.72 16.72 16.72 5.95 25.65 .00 .00 5.81 69.32	.000 .000 .000 .081 .001 .000 .000	\$	25.08 16.72 33.44 9.42 58.63 .00 .00 9.17 317.88		.00 .00 .44 .00 .00 .00 .00 .44 .44

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$ 100.83	\$ 33.61	.000	\$ 33.61	\$.00
@TOTAL HOSPITAL	1,926	7,666	\$ 1,486,861.90	\$ 193.96	.273	\$ 771.99	\$ 52.91
HOSP INPATIENT TOTAL	340	480	1,298,488.85	2705.19	.017	3819.08	46.21
HSC HOSPITALS	11	121	196,287.00	1622.21	.004	17844.27	6.99
NON-HSC HOSPITAL TOTAL	77	359	878,943.33	2448.31	.013	11414.85	31.28
ACCOMMODATIONS	76	359	256,162.48	713.54	.013	3370.56	9.12
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	75	358	255,931.18	714.89	.013	3412.42	9.11
ANCILLARIES	77	0	622 , 780.85	.00	.000	8088.06	22.16
INPATIENT CROSSOVERS	253	0	223,258.52	.00	.000	882.44	7.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,693	7 , 186	188,373.05	26.21	.256	111.27	6.70
MEDICAL	300	471	16,346.99	34.71	.017	54.49	.58
SURGERY	69	78	4,373.64	56.07	.003	63.39	.16
PATHOLOGY	339	1,524	18,548.47	12.17	.054	54.72	.66
RADIOLOGY	265	399	31,630.13	79.27	.014	119.36	1.13
ROOM USE	314	429	17,638.21	41.11	.015	56.17	.63
CROSSOVERS/ALL OTH OUTPTNT	1,160	4,285	99,835.61	23.30	.152	86.07	3.55
@COUNTY HOSPITAL TOTAL	13	46	\$ 4,947.63	\$ 107.56	.002	•	\$.18
CO HOSPITAL INPATIENT TOTAL	2	3	3,834.00	1278.00	.000	1917.00	.14
HSC HOSPITALS	2	3	3,834.00	1278.00	.000	1917.00	.14
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	11	43	1,113.63	25.90	.002	101.24	.04
MEDICAL	2	6	354.61	59.10	.000	177.31	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	20	163.73	8.19	.001	81.87	.01
RADIOLOGY	1	2	33.97	16.99	.000	33.97	.00
ROOM USE	2	4	144.38	36.10	.000	72.19	.01
CROSSOVERS/ALL OTH OUTPTNT	10	11	416.94	37.90	.000	41.69	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 15,515
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - AGED				

SONOMA COUNTI	DOMMANT OF DER	VICES FOR MEDICA.	TTT 14	EEDI AGED			M	ONI	THLY AVERA	CF	
28,100 ELIGIBLES	USERS	UNITS OF SERVICE	c	EXPENDITURES	7/ 7/7	ERAGE COST				иGE	COST PER
20,100 EHIGIBLES	OSERS	OR DAYS OF CAR		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,913	7,620	\$	1,481,914.27		194.48			774.65	ċ	52.74
COMM HOSP INPATIENT TOTAL	338	477	Ų	1,294,654.85	Ą	2714.16	.017	۲	3830.34	ې	46.07
	330 9	118							21383.67		6.85
HSC HOSPITALS				192,453.00		1630.96	.004				
NON-HSC HOSPITALS TOTAL	77	359		878,943.33		2448.31	.013		11414.85		31.28
ACCOMMODATIONS	76	359		256,162.48		713.54	.013		3370.56		9.12
ADMINISTRATIVE DAYS	1	1		231.30		231.30	.000		231.30		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	75	358		255,931.18		714.89	.013		3412.42		9.11
ANCILLARIES	77	0		622 , 780.85		.00	.000		8088.06		22.16
INPATIENT CROSSOVERS	253	0		223,258.52		.00	.000		882.44		7.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,682	7,143		187,259.42		26.22	.254		111.33		6.66
MEDICAL	298	465		15 , 992.38		34.39	.017		53.67		.57
SURGERY	69	78		4,373.64		56.07	.003		63.39		.16
PATHOLOGY	337	1,504		18,384.74		12.22	.054		54.55		.65
RADIOLOGY	264	397		31,596.16		79.59	.014		119.68		1.12
ROOM USE	312	425		17,493.83		41.16	.015		56.07		.62
CROSSOVERS/ALL OTH OUTPINT	1,150	4,274		99,418.67		23.26	.152		86.45		3.54
@STATE HOSPITAL	8	279	\$	142,816.05	\$	511.89	.010	\$	17852.01	\$	5.08
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	8	279		142,816.05		511.89	.010		17852.01		5.08
@NURSING FACILITY	7,852	232,335	\$		\$	114.85		\$	3398.40	\$	949.62
LEV A-INTERMEDIATE	. 7	271		27,716.68		102.28	.010		3959.53		.99
LEV B-REHAB MD	17	549		54,875.08		99.95	.020		3227.95		1.95
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	53		39,674.01		748.57	.002		19837.01		1.41
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7,828	231,462		26,561,999.89		114.76	8.237		3393.20		945.27
@INTERMEDIATE CARE FACILDD	49	1,538	Ś		Ś	163.66		Ś	5136.95	Ś	8.96
ICF DDH	36	1,097	7	169,371.24	4	154.39	.039	-T	4704.76	-	6.03
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	13	441		82,339.41		186.71	.016		6333.80		2.93
@HEMODIALYSIS TOTAL	154	3,491	\$	210,752.11	\$	60.37		Ġ	1368.52	Ś	7.50
HOSPITAL BASED	0	0	۲	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	154	3,491		210,752.11		60.37	.124		1368.52		7.50
@REHABILITATION FACILITY	3	5 , 491	\$	156.71	\$.000	Ċ		Ċ	.01
HOSPITAL BASED	3	6	Ÿ	156.71	Y	26.12	.000	Y	52.24	Y	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	336	1,784	\$	19,009.22	\$	10.66	.063	ċ		Ċ	.68
	332	1,776	Ų		Ą	10.63	.063	۲	56.87	ې	.67
PATHOLOGY XO AND OTHERS	332	1,776		18,881.46 127.76		15.97	.003		31.94		.00
			ċ		ċ		.100	ċ		ċ	7.38
@ORGANIZED OUTPATIENT CLINIC	1,754 3	2 , 807 9	\$	207,374.98	\$	73.88	.100	Ş		Ą	
CLINIC	3	9		601.41		66.82	.000		200.47		.02

81 0 12,974.60 160.18 SURGICENTER 53 .003 244.80 .46 .00 HEROIN DETOX CLINIC 0 .00 .000 .00 .00 2,717 71.33 RURAL HEALTH CLINIC 1,700 193,798.97 .097 114.00 6.90 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,516 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						Mo	ONTHLY AVERA	GE
28,100 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3 , 278	202,738	\$	1,911,141.60	\$ 9.43	7.215	\$ 583.02	\$ 68.01
DURABLE MED. EQUIP.	229	1,318		145,517.11	110.41	.047	635.45	5.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	69	108		23,332.44	216.04	.004	338.15	.83
MEDICAL TRANSPORTATION	554	37 , 657		125,363.12	3.33	1.340	226.29	4.46
AMBULANCES/AIR TRANS	50	283		5,540.03	19.58	.010	110.80	.20
OTHER TRANS	467	36 , 981		117,559.91	3.18	1.316	251.73	4.18
OTHER SERVICES	41	393		2,263.18	5.76	.014	55.20	.08
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	56	608		42,360.32	69.67	.022	756.43	1.51
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	447	2,528		159,153.32	62.96	.090	356.05	5.66
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	337	798		9,174.00	11.50	.028	27.22	.33
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	136	228		202.66	.89	.008	1.49	.01
PROSTHETIST/ORTHOTISTS	5	15		1,490.27	99.35	.001	298.05	.05
PROSTHETICS	5	15		1,490.27	99.35	.001	298.05	.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	66	174		2,818.36	16.20	.006	42.70	.10
SPEECH AND AUDIOLOGY	155	355		21,720.06	61.18	.013	140.13	.77
HOSPICE SERVICES	406	11,507		1,304,264.49	113.35	.410	3212.47	46.42
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	5		52.00	10.40	.000	26.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,149	147,437		75,693.45	.51	5.247	65.88	2.69
@CALIF. CHILDREN SERVICES*	1	1	\$	35.00	\$ 35.00	.000	\$ 35.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5 , 830	91,919	\$		\$ 11.98	3.271	\$ 188.85	\$ 39.18

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,517
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

MONIMITY ATTENACE

						MON	NIHLI AVEKA	GE
108 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	54	1,996	\$	283,350.72	\$ 141.96	18.481 \$	5247.24	\$ 2623.62
@PHYSICIANS SERVICES	7	12	\$	162.22	\$ 13.52	.111 \$	23.17	\$ 1.50
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
OPHTHALMOLOGICAL SERVICES	U			.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ASSISTANT SURGEON		ũ .		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	7	12		162.22		13.52	.111		23.17		1.50
@PHARMACY	42	375	\$		\$	50.67	3.472		52.44	Ċ	175.95
-	42		Ą		Ą					Ą	
PRESCRIPTION DRUGS		289		18,737.82		64.84	2.676		46.14		173.50
SNF/ICF	30	218		17,207.60		78.93	2.019		73.59		159.33
OUTPATIENTS	12	71		1,530.22		21.55	.657		27.52		14.17
MEDICAL SUPPLIES	2	86		264.66		3.08	.796	1	32.33		2.45
@DENTIST	3	6	\$	195.00	\$	32.50	.056	\$	65.00	\$	1.81
VISITS - DIAGNOSTIC	3	4		95.00		23.75	.037		31.67		.88
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	•	0									
PERIODONTICS	0	U		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	2		100.00		50.00	.019		50.00		.93
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ő	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES											
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	004 THRU	DEC 20	04	PF	AGE 15,518
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LY N	NEEDY - BLIND							
							M	ONTHLY	AVERA	.GE -	
108 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	s cos	T PER	(COST PER
		OR DAYS OF CARE				UNIT/DAY			SER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.028		53.11		.49
DIAGNOSTIC AND ANC. PROCED	0	0	Y	.00	7	.00	.000	7	.00	Υ	.00
EYE APPLIANCES	1	3		53.11		17.70	.028		53.11		.49
OTHER OPTOMETRIC SERVICES		0		.00		.00	.000		.00		.00
	· · · · · · · · · · · · · · · · · · ·	_	_		_			_		_	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
<pre>@CHIROPRACTOR VISITS</pre>	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	0	•	\$		\$			\$		\$	
VISITS	0	0	\$.00	\$.00	.000	·	.00		.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	14	61.27	4.38	.130	6.81	.57
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0		.00		·		
PEDIATRIC NURSE PRACTITIONER	0	0 \$			·		
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	4	6 \$	940.53	\$ 156.76	.056 \$		
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	8.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	8.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	6	64.53	10.76	.056	21.51	.60
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	3	6					
CROSSOVERS/ALL OTH OUTPTNT	3		64.53	10.76	.056	21.51	.60
@COUNTY HOSPITAL TOTAL	0		.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	O	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES					PAGE 15,519
	FEE-FOR-SERVICE						03/14/05
SONOMA COUNTY		ICES FOR MEDICALLY	NEEDY - BLIND				00/ 11/ 00
BONOTHI COUNTI	SOFTMENT OF BEHAV	TODO TOR FIEDICALLI	NEEDI DEIND		MON	THILY AVERA	GE
108 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
100 HHIGIDHHO	OBLIG	OR DAYS OF CARE	EMI ENDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	OR DAIS OF CARE	940.53	\$ 156.76	.056 \$		
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	8.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0						
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	8.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	6	64.53	10.76	.056	21.51	.60
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	6	64.53	10.76	.056	21.51	.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	37	988	\$ 123,314.54	\$ 124.81	9.148	\$ 3332.83	\$ 1141.80
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	37	988	123,314.54	124.81	9.148	3332.83	1141.80
@INTERMEDIATE CARE FACILDD	12	342	\$ 137,367.26	\$ 401.66	3.167	\$ 11447.27	\$ 1271.92
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	90.54	.00	.000	.00	.84
ICF DDN/DDCN	12	342	137,276.72	401.39	3.167	11439.73	1271.08
@HEMODIALYSIS TOTAL	1	1	\$ 435.84	\$ 435.84	.009	\$ 435.84	\$ 4.04
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	435.84	435.84	.009	435.84	4.04
@REHABILITATION FACILITY	3	12	\$ 210.03	\$ 17.50	.111	\$ 70.01	\$ 1.94
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	3	12	210.03	17.50	.111	70.01	1.94
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	10 \$	326.63	\$ 32.66	.093 \$	40.83	\$ 3.02
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	10	326.63	32.66	.093	40.83	3.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DEC	2004	PAGE 15,520
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES E	OR MEDICALLY N	EEDY - BLIND				
					MONT	THLY AVERA	GE
108 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
	OR I	AYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	227 \$	1,281.81	\$ 5.65	2.102 \$	116.53	\$ 11.87
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION		163	495.14	3.04	1.509	99.03	4.58

		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	227	\$	1,281.81	\$ 5.65	2.102		\$ 11.87
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	163		495.14	3.04	1.509	99.03	4.58
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	3	157		482.05	3.07	1.454	160.68	4.46
OTHER SERVICES	2	6		13.09	2.18	.056	6.55	.12
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.019	26.08	.24
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		99.19	49.60	.019	99.19	.92
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	60		661.40	11.02	.556	165.35	6.12
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	12	\$	210.03	\$ 17.50	.111	\$ 70.01	\$ 1.94
@XOVER EXCLUDING STATE HOSP**	23	39	\$	8,566.37	\$ 219.65	.361	\$ 372.45	\$ 79.32

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,521 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	GE	
23,390 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	23,083	1,181,748	\$	139,811,246.48	\$	118.31	50.524	\$ 6056.89	\$	5977.39
@PHYSICIANS SERVICES	3,722	22,761	\$	628,731.14	\$	27.62	.973	\$ 168.92	\$	26.88

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	883	1,303		52,010.49		39.92	.056		58.90		2.22
OFFICE VISITS	639	936		28,910.71		30.89	.040		45.24		1.24
HOME VISITS	1	1		49.20		49.20	.000		49.20		.00
EMERGENCY ROOM	236	303		21,487.58		70.92	.013		91.05		.92
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	58	63		1,563.00		24.81	.003		26.95		.07
INPATIENT VISITS	429	2,307		101,214.28		43.87	.099		235.93		4.33
HOSPITAL VISITS	296			66,753.60		40.70	.070		225.52		2.85
		1,640		-							
CRITICAL CARE	46	157		17,261.39		109.95	.007		375.25		.74
SNF/ICF/TRANS IP CARE	134	510		17,199.29		33.72	.022		128.35		.74
OPHTHALMOLOGICAL SERVICES	71	90		3,496.49		38.85	.004		49.25		.15
EXAMINATIONS	71	90		3,496.49		38.85	.004		49.25		.15
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	143	1,073		65,623.97		61.16	.046		458.91		2.81
PRINCIPAL SURGEON	99	149		49,413.88		331.64	.006		499.13		2.11
ASSISTANT SURGEON	11	13		2,859.86		219.99	.001		259.99		.12
ANESTHESIOLOGIST	52	911		13,350.23		14.65	.039		256.74		.57
OUTPATIENT SURGERY	229	628		53,866.94		85.78	.027		235.23		2.30
PRINCIPAL SURGEON	149	222		41,915.53		188.81	.009		281.31		1.79
ASSISTANT SURGEON	2	2		192.48		96.24	.000		96.24		.01
ANESTHESIOLOGIST	86	404		11,758.93		29.11	.017		136.73		.50
DIALYSIS	111	181		31,875.08		176.11	.008		287.16		1.36
PATHOLOGY	226	1,017		9,930.29		9.76	.043		43.94		.42
	630	1,496		76,957.39		51.44	.043		122.15		3.29
RADIOLOGY	0	-		-							
PSYCHIATRY		1 202		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	108 2,271	1,282		95,575.53		74.55	.055		884.96		4.09
OTHER SERVICES/ALL X-OVERS		13,384	_	138,180.68	_	10.32	.572	_	60.85	_	5.91
@PHARMACY	12,450	136,476	\$	6,710,003.56	\$	49.17	5.835	Ş		Ş	286.87
PRESCRIPTION DRUGS	12,261	61,283		6,588,875.99		107.52	2.620		537.38		281.70
SNF/ICF	1,833	13,418		1,202,964.32		89.65	.574		656.28		51.43
OUTPATIENTS	10,495	47 , 865		5,385,911.67		112.52	2.046		513.19		230.27
MEDICAL SUPPLIES	1,065	75 , 193		121,127.57		1.61	3.215		113.73		5.18
@DENTIST	927	3 , 967	\$	142,369.04	\$	35.89	.170	\$	153.58	\$	6.09
VISITS - DIAGNOSTIC	663	2,470		33,173.76		13.43	.106		50.04		1.42
ORAL SURGERY	139	465		24,329.24		52.32	.020		175.03		1.04
DRUGS	5	5		25.00		5.00	.000		5.00		.00
ANESTHESIA	3	3		300.00		100.00	.000		100.00		.01
PERIODONTICS	76	80		10,691.00		133.64	.003		140.67		.46
ENDODONTICS	33	42		9,260.00		220.48	.002		280.61		.40
RESTORATIVE DENTISTRY	229	585		33,019.04		56.44	.025		144.19		1.41
PROSTHETICS	8	8		180.00		22.50	.000		22.50		.01
DENTURES, STAYPLATES	92	296		31,391.00		106.05	.013		341.21		1.34
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0									
FRACTURES, DISLOCATIONS				.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	15	13		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT F	REPOR'	r for Jan 2	004 THRU	DEC	2004	Р	AGE 15,522
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY	NEEDY - DISABLED							
							M			GE	
23,390 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	366	1,054	\$	19,867.37	\$.045	\$	54.28	\$.85
DIAGNOSTIC AND ANC. PROCED	94	97		4,112.14		42.39	.004		43.75		.18

EYE APPLIANCES	317	913		14,561.34		15.95	.039	45.93		.62
OTHER OPTOMETRIC SERVICES	30	44		1,193.89		27.13	.002	39.80		.05
@CHIROPRACTOR	7		\$	286.03	\$	15.05	.001		\$.01
VISITS	5	14		234.08		16.72	.001	46.82		.01
OTHER SERVICES	2	5	_	51.95	_	10.39	.000	25.98	_	.00
@PODIATRIST	341		\$	4,439.96	\$	7.79	.024		Ş	.19
MEDICINE/INJECTIONS	13	14		468.80		33.49	.001	36.06		.02
SURGERY/ANES.	1	1		7.00		7.00	.000	7.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	328	555		3,964.16		7.14	.024	12.09		.17
@HOME HEALTH AGENCY	172	•	\$	505,103.10	\$			\$ 2936.65		21.59
NURSE ANESTHESIST	4		\$	161.01	\$	3.83	.002	\$ 40.25		.01
NURSE MIDWIFE	0	0	\$ \$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER			\$	68.70	Ş	22.90	.000		\$.00
FAMILY NURSE PRACTITIONER	4		\$	121.10	\$	30.28			\$.01
@TOTAL HOSPITAL	2,686	,	\$	3,235,689.26	Ş	260.90		\$ 1204.65	Ş	138.34
HOSP INPATIENT TOTAL	353	1,232		2,906,883.29		2359.48	.053	8234.80		124.28
HSC HOSPITALS	31	316		425,182.97		1345.52	.014	13715.58		18.18
NON-HSC HOSPITAL TOTAL	138 138	916		2,289,562.82		2499.52	.039	16591.03		97.89
ACCOMMODATIONS	138	916		576,832.22		629.73	.039	4179.94		24.66
ADMINISTRATIVE DAYS	0	38 0		7,748.55 .00		203.91	.002	3874.28 .00		.33
TRANSITIONAL IP CARE ALL OTHER ACCOM	136	878		569,083.67		648.16	.038	4184.44		24.33
	138	8 / 8		•		.00		12411.09		73.22
ANCILLARIES INPATIENT CROSSOVERS	186	0		1,712,730.60 192,137.50		.00	.000	1033.00		8.21
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2,439	11,170		328,805.97		29.44	.478	134.81		14.06
MEDICAL	498	791		35,395.12		44.75	.034	71.07		1.51
SURGERY	169	182		10,056.47		55.26	.008	59.51		.43
PATHOLOGY	525	2,676		28,781.82		10.76	.114	54.82		1.23
RADIOLOGY	341	525		52,499.09		100.00	.022	153.96		2.24
ROOM USE	648	976		41,521.01		42.54	.042	64.08		1.78
CROSSOVERS/ALL OTH OUTPINT		6 , 020		160,552.46		26.67	.257	100.47		6.86
@COUNTY HOSPITAL TOTAL	18		\$	204,613.04	Ś	988.47		\$ 11367.39	S	8.75
CO HOSPITAL INPATIENT TOTAL		157	Ψ	203,433.24	7	1295.75	.007	33905.54	Υ	8.70
HSC HOSPITALS	6	145		196,040.00		1352.00	.006	32673.33		8.38
NON-HSC HOSPITALS TOTAL	1	12		7,393.24		616.10	.001	7393.24		.32
ACCOMMODATIONS	1	12		2,775.60		231.30	.001	2775.60		.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	ĺ	12		2,775.60		231.30	.001	2775.60		.12
ANCILLARIES	1	0		4,617.64		.00	.000	4617.64		.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	14	50		1,179.80		23.60	.002	84.27		.05
MEDICAL	5	8		190.09		23.76	.000	38.02		.01
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	10		144.42		14.44	.000	72.21		.01
RADIOLOGY	2	2		33.03		16.52	.000	16.52		.00
ROOM USE	7	9		450.66		50.07	.000	64.38		.02
CROSSOVERS/ALL OTH OUTPTNT	9	21		361.60		17.22	.001	40.18		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	S M	MONTH-OF-PAYMENT R	EPOF	RT FOR JAN	2004 THRU	DEC 2004	PA	AGE 15,523
MOP024	FEE-FOR-SERVICE									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALL	ΥN	NEEDY - DISABLED						
							M	ONTHLY AVERA	GE -	
23,390 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	'UNITS/DAY	S COST PER	(COST PER

		OR DAYS OF CAR	7		סיום	UNIT/DAY	DED ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,670	12,195	\$	3,031,076.22	\$	248.55			1135.23		
COMM HOSP INPATIENT TOTAL	348	1,075	Y	2,703,450.05		2514.84	.046	Y	7768.53	٧	115.58
HSC HOSPITALS	25	171		229,142.97		1340.02	.007		9165.72		9.80
NON-HSC HOSPITALS TOTAL	138	904		2,282,169.58		2524.52	.039		16537.46		97.57
ACCOMMODATIONS	138	904		574,056.62		635.02	.039		4159.83		24.54
ADMINISTRATIVE DAYS	2	38		7,748.55		203.91	.002		3874.28		.33
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	136	866		566,308.07		653.94	.037		4164.03		24.21
ANCILLARIES	138	0		1,708,112.96		.00	.000		12377.63		73.03
INPATIENT CROSSOVERS	186	0		192,137.50		.00	.000		1033.00		8.21
ALL OTHER INPATIENT	0	0		.00		.00	.000				.00
COMM HOSP OUTPATIENT TOTAL	2,425	11,120		327,626.17		29.46	.475		.00 135.10		14.01
MEDICAL	493	783		35,205.03		44.96	.033		71.41		1.51
SURGERY	169	182		10,056.47			.008		59.51		.43
PATHOLOGY	523	2,666		28,637.40		55.26 10.74	.114		54.76		1.22
RADIOLOGY	339	523		52,466.06		100.32	.022		154.77		2.24
ROOM USE	641	967		41,070.35		42.47			64.07		1.76
CROSSOVERS/ALL OTH OUTPINT		5,999		160,190.86		26.70	.256		100.81		6.85
@STATE HOSPITAL	7,463	230,199	\$		\$	507.13		\$	15642.67	\$	
		. 0		.00		.00	.000		.00		.00
MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	7,463	230,199		116,741,215.60		507.13	9.842		15642.67		4991.07
@NURSING FACILITY	1,117	32,632	\$	4,583,618.51		140.46			4103.51	\$	195.96
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	239	7,597		891,035.15		117.29	.325		3728.18		38.09
LEV B-SUBACUTE FREESTANDING	11	346		127,772.56		369.28	.015		11615.69		5.46
LEV B-SUBACUTE HSPTL BASED	31	1,195		601,188.30		503.09	.051		19393.17		25.70
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 843	23,494		2,963,622.50		126.14	1.004		3515.57		126.70
@INTERMEDIATE CARE FACILDD	1,045	32,140	\$	5,247,074.36	\$	163.26	1.374	\$	5021.12	\$	
TCF DDH	813	24,894		3,833,017.00		153.97	1.064		4714.66		163.87
ICF DD	10	323		35,741.58		110.66	.014		3574.16		1.53
ICF DDN/DDCN	223	6 , 923		1,378,315.78		199.09	.296		6180.79		58.93
@HEMODIALYSIS TOTAL	10 223 355 0 355	13,947	\$	576,005.75	\$	41.30		\$	1622.55	\$	24.63
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	355	13,947		576,005.75		41.30	.596		1622.55		24.63
@REHABILITATION FACILITY HOSPITAL BASED	85	1,225	\$	19,117.82	\$.052	\$		\$.82
HOSPITAL BASED	16	246		4,956.91		20.15	.011		309.81		.21
INDEPENDENT FACILITY	70 543 518	979		14,160.91		14.46	.042		202.30		.61
@LABORATORY FACILITY	543	2 , 980	\$	36,908.32	\$	12.39	.127	\$		\$	1.58
	518	2,885		36,330.89		12.59	.123		70.14		1.55
XO AND OTHERS	25	95		577.43		6.08	.004		23.10		.02
@ORGANIZED OUTPATIENT CLINIC	1,943	4,030	\$	285,040.29	\$			\$	146.70	\$	12.19
CLINIC	42	112		2,881.76		25.73	.005		68.61		.12
SURGICENTER	22	48		5,197.86		108.29	.002		236.27		.22
HEROIN DETOX CLINIC	11	137		1,659.19		12.11	.006		150.84		.07
RURAL HEALTH CLINIC											
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 15,524
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LLY I	NEEDY - DISABLED							
							M				
23,390 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CAR				. UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	3,431	670,796	\$			1.60		\$	313.44	\$	
DURABLE MED. EQUIP.	403	1,732		260,368.70		150.33	.074		646.08		11.13
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	21	28	3,232.26	115.44	.001	153.9	92	.14
MEDICAL TRANSPORTATION	462	57 , 147	204,506.49	3.58	2.443	442.6	55	8.74
AMBULANCES/AIR TRANS	133	1,307	22,649.17	17.33	.056	170.2	29	.97
OTHER TRANS	295	55 , 649	170,763.35	3.07	2.379	578.8	36	7.30
OTHER SERVICES	43	191	11,093.97	58.08	.008	258.0	0 (.47
ACUPUNCTURE	16	47	775.47	16.50	.002	48.4	17	.03
ADULT DAY HEALTH CARE CTR	13	192	13,369.80	69.63	.008	1028.4	15	.57
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.0	0 (.00
IHMC, MODEL-NF, NF, AIDS, MSSP	45	440	21,378.82	48.59	.019	475.0	8 (.91
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	. (0 (.00
OPTICIAN	355	794	8,945.73	11.27	.034	25.2	20	.38
PHYSICAL THERAPIST	9	43	567.73	13.20	.002	63.0	8 (.02
PORTABLE X-RAY	30	51	780.61	15.31	.002	26.0)2	.03
PROSTHETIST/ORTHOTISTS	23	144	15,948.46	110.75	.006	693.4	11	.68
PROSTHETICS	23	144	15,948.46	110.75	.006	693.4	11	.68
ORTHOTICS	0	0	.00	.00	.000	. (0 (.00
PSYCHOLOGIST	19	97	910.92	9.39	.004	47.9	94	.04
SPEECH AND AUDIOLOGY	393	1,245	56,110.89	45.07	.053	142.7	78	2.40
HOSPICE SERVICES	61	1,738	230,689.18	132.73	.074	3781.7	79	9.86
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	. (0 (.00
LOCAL EDUCATION AGENCIES	113	4,527	35 , 657.96	7.88	.194	315.5	56	1.52
EPSDT SUPPLEMENTAL SERVICE	5	1,174	28,449.30	24.23	.050	5689.8	36	1.22
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	. (0 (.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	. (0 (.00
ALL OTHER PROVIDERS	1,770	601 , 396	193,628.24	.32	25.712	109.3	39	8.28
@CALIF. CHILDREN SERVICES*	169	5,109	\$	\$		\$ 813.4		\$ 5.88
@XOVER EXCLUDING STATE HOSP**	4,545	401,038	\$ 915,318.82	\$ 2.28	17.146	\$ 201.3	39	\$ 39.13

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,525 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY N	EEDY - FAMILIES				
404 604					MON		
194,664 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	72,608	OR DAYS OF CARE	0.6 0.45 500 00	PER UNIT/DAY		USER	ELIGIBLE
		357,045 \$	26,245,522.28	\$ 73.51	1.834 \$		\$ 134.82
@PHYSICIANS SERVICES	22,289			\$ 50.78	.293 \$		•
OUTPATIENT VISITS	14,263	18,830	704,457.85	37.41	.097	49.39	3.62
OFFICE VISITS	7,729	9,864	284,025.23	28.79	.051	36.75	1.46
HOME VISITS	1	2	50.40 328,011.98	25.20	.000	50.40 57.72	.00
EMERGENCY ROOM	5,683	6,640	328,011.98	49.40	.034	57.72	1.69
PREVENTIVE CARE	175 460	179	6,995.98	25.20 49.40 39.08 55.93 24.96	.001	39.98	.04
OB VISITS/COMPRE PERI	460	1,028	57,494.21	55.93		124.99	.30
OTHER OUTPATIENT	460 992 1,428 1,338	1,117	27,880.05	24.96		28.10	
INPATIENT VISITS	1,428	4,871	314,921.64	64.65	.025	220.53	1.62
HOSPITAL VISITS	1,338	3,811	175,929.94	46.16	.020	131.49	.90
CRITICAL CARE	190	1,058	138,924.20	131.31 33.75	.005	731.18	.71
SNF/ICF/TRANS IP CARE	2	2	67.50	33.75	.000	33.75	
OPHTHALMOLOGICAL SERVICES	312	378	16,472.93	43.58		52.80	.08
EXAMINATIONS	308	377	16,344.94	43.36	.002	53.07	.08
SERVICES AND MATERIALS	4	1	127.99	127.99	.000	32.00	.00
INPATIENT HOSPITAL SURGERY	1,559	377 1 8,280 1,178	728,449.19	87.98	.043	467.25	3.74
PRINCIPAL SURGEON	964	1,1/8	556,416.79	472.34	.006	577.20	2.86
ASSISTANT SURGEON	130	134	22,696.46	169.38	.001	174.59	.12
ANESTHESIOLOGIST OUTPATIENT SURGERY	725	6,968	149,335.94	21.43	.036	205.98	.77
OUTPATIENT SURGERY	1,848	4,723	296,010.80	62.67	.024	160.18	1.52
PRINCIPAL SURGEON	1,493	1,904	228,482.77	120.00	.010	153.04	1.17
ASSISTANT SURGEON	29	29	2,738.12	94.42	.000	94.42	.01
ANESTHESIOLOGIST	440	2,790	64,789.91	23.22	.014	147.25	.33
DIALYSIS	64	97	18,722.44	193.01 17.78		292.54	.10
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	2,164	4,098	72,880.02	17.78	.021	33.68	.37
RADIOLOGY	5,849	9,018	334,776.79	37.12	.046	57.24	1.72
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	321 1 , 970	2,444	116,013.34	47.47	.013	361.41	.60
OTHER SERVICES/ALL X-OVERS	1,970	4,320	294,670.38	68.21	.022	149.58	1.51
@PHARMACY	29,923 29,665	82,871 \$	3,801,353.94	\$ 45.87	.426 \$	127.04	
PRESCRIPTION DRUGS	29,665	66,989	3,704,703.41	55.30 354 47	.344	124.88	19.03
SNF/ICF	12	57	20,204.68	301.17	• 0 0 0	1683.72	.10
OUTPATIENTS	29,654	66,932	3,684,498.73	55.05	.344	124.25	18.93
MEDICAL SUPPLIES	1,032	15,882	96,650.53	6.09	.082	93.65	.50
@DENTIST	6,865	34,723 \$	1,044,849.42		.178 \$		
VISITS - DIAGNOSTIC	5,031	22,129	313,027.51	14.15	.114	62.22	1.61
ORAL SURGERY	1,030	2,378	142,725.50	60.02	.012	138.57	.73
DRUGS	1,032 6,865 5,031 1,030 49 54 101	57	986.68	17.31 83.64	.000	20.14	.01
ANESTHESIA	54	55	4,600.00	83.64	.000	85.19	
PERIODONTICS	101	107	9,365.22	87.53	.001	92.72	.05
HINDODONIICO	332	1,196	127,006.15	106.19	.006	214.54	.65
RESTORATIVE DENTISTRY	2,549	7,816	388,593.50	49.72	.040	152.45	2.00
PROSTHETICS	14	13	300.00	23.08	.000	21.43	.00
DENTURES, STAYPLATES	88	373	35,146.00	94.23	.002	399.39	.18
SPACE MAINTAINERS	40	47	4,253.00	90.49	.000	106.33	.02
MAXILLOFACIAL SERVICES	11	14	2,604.92	186.07	.000	236.81	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	216	258	15,079.94	58.45	.001	69.81	.08
ALL OTHER SERVICES	203	280	1,161.00	4.15	.001	5.72	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 15,526

03/14/05

SONOMA COUNTY	SUMMARY OF SER	VICES FOR MEDICALL	Y NE	EDY - FAMILIES						~-	
104 664							M			GE	
194,664 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	1 400	OR DAYS OF CARE	<u>^</u>	07 501 00		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,428	•	\$	97,521.08	\$	22.42	.022	Ş	68.29	Ş	.50
DIAGNOSTIC AND ANC. PROCED	1,013	1,084		45,884.64		42.33	.006		45.30		.24
EYE APPLIANCES	1,066	3,193		47,976.29		15.03	.016		45.01		.25
OTHER OPTOMETRIC SERVICES	67	73	<u>^</u>	3,660.15	<u> </u>	50.14	.000	<u> </u>	54.63	<u>^</u>	.02
@CHIROPRACTOR	123		\$	4,727.91	\$.001	Þ	38.44	Þ	.02
VISITS	121	286		4,690.13		16.40	.001		38.76		.02
OTHER SERVICES	2	3	<u>^</u>	37.78	<u> </u>	12.59	.000	<u> </u>	18.89	<u>^</u>	.00
@PODIATRIST	31		\$	1,498.97	\$	33.31	.000	Ş	48.35	Ş	.01
MEDICINE/INJECTIONS	28	34		1,193.80		35.11	.000		42.64		.01
SURGERY/ANES.	3	3		65.95		21.98	.000		21.98		.00
RADIO./PATHOLOGY	4	6		131.48		21.91	.000		32.87		.00
OTHER	1	2		107.74		53.87	.000		107.74		.00
@HOME HEALTH AGENCY	346	799	Ş	50,017.48	\$	62.60	.004		144.56		.26
NURSE ANESTHESIST	8	148	Ş	-	\$.001		275.62		.01
NURSE MIDWIFE	583	4,250	Ş		\$	33.21	.022			\$.73
PEDIATRIC NURSE PRACTITIONER		0	Ş		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	7	19 79,218	Ş		\$.000		59.33		.00
@TOTAL HOSPITAL	19,483	79,218	Ş		Ş	173.28	.407	Ş	704.57	Ş	70.52
HOSP INPATIENT TOTAL	1,515	b, /U4		11,606,195.64		1731.23	.034		7660.86		59.62
HSC HOSPITALS	165	1,157		1,875,701.59		1621.18	.006		11367.89		9.64
NON-HSC HOSPITAL TOTAL	1,357	5,547		9,722,636.75		1752.77	.028		7164.80		49.95
ACCOMMODATIONS	1,355	5,547		3,538,378.46		637.89	.028		2611.35		18.18
ADMINISTRATIVE DAYS	3	31		7,170.30		231.30	.000		2390.10		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,352	5,516		3,531,208.16		640.18	.028		2611.84		18.14
ANCILLARIES	1,357	0		6,184,258.29		.00	.000		4557.30		31.77
INPATIENT CROSSOVERS	8	0		7,857.30		.00	.000		982.16		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	18,550	72,514		2,121,001.82		29.25	.373		114.34		10.90
MEDICAL	6,653	9,145		321,112.06		35.11	.047		48.27		1.65
SURGERY	1,851	2,229		101,361.46		45.47	.011		54.76		.52
PATHOLOGY	5 , 931	21,210		263,596.53		12.43	.109		44.44		1.35
RADIOLOGY	4,565	6,150		419,780.96		68.26	.032		91.96		2.16
ROOM USE	12,193	16,281		612,518.14		37.62	.084		50.24		3.15
CROSSOVERS/ALL OTH OUTPTNT		17,499		402,632.67		23.01	.090		65.28		2.07
@COUNTY HOSPITAL TOTAL	67		\$		\$	416.02			2278.77	\$.78
CO HOSPITAL INPATIENT TOTAL	7	106		141,724.00		1337.02	.001		20246.29		.73
HSC HOSPITALS	7	106		141,724.00		1337.02	.001		20246.29		.73
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	62	261		10,953.53		41.97	.001		176.67		.06
MEDICAL	23	30		1,247.01		41.57	.000		54.22		.01
SURGERY	11	18		584.81		32.49	.000		53.16		.00
PATHOLOGY	17	69		1,730.20		25.08	.000		101.78		.01
RADIOLOGY	12	17		1,263.13		74.30	.000		105.26		.01
ROOM USE	41	75		3,902.44		52.03	.000		95.18		.02

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,528 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

194,664 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,689	36 , 066	\$	525 , 230.37	\$ 14.56	.185	•	\$ 2.70
DURABLE MED. EQUIP.	202	601		68 , 185.01	113.45	.003	337.55	.35
BLOOD BANK	2	3		420.75	140.25	.000	210.38	.00
HEARING AID DISPENSERS	11	31		9,059.01	292.23	.000	823.55	.05
MEDICAL TRANSPORTATION	708	10,465			15.09	.054	223.08	.81
AMBULANCES/AIR TRANS	692	6 , 139		109,625.24	17.86	.032	158.42	.56
OTHER TRANS	12	4,292		8,313.87	1.94	.022	692.82	.04
OTHER SERVICES	26	34		40,000.79	1176.49	.000	1538.49	.21
ACUPUNCTURE	51	135		2,307.27	17.09	.001	45.24	.01
ADULT DAY HEALTH CARE CTR	1	9		636.66	70.74	.000	636.66	.00
GENETIC DISEASE TESTING	271	271		28,359.00	104.65	.001	104.65	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2		399.45	199.73	.000	399.45	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,160	2,562		23,288.00	9.09	.013	20.08	.12
PHYSICAL THERAPIST	20	104		1,522.93	14.64	.001	76.15	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	79	304		50,979.83	167.70	.002	645.31	.26
PROSTHETICS	79	304		50,979.83	167.70	.002	645.31	.26
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	10	25		950.25	38.01	.000	95.03	.00
SPEECH AND AUDIOLOGY	130	296		18,247.54	61.65	.002	140.37	.09
HOSPICE SERVICES	3	24		2,776.32	115.68	.000	925.44	.01
NONINST BIRTHING CENTERS	28	28		27,322.29	975.80	.000	975.80	.14
LOCAL EDUCATION AGENCIES	1,883	12,351		126,182.42	10.22	.063	67.01	.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	197	8 , 855		6,653.74	.75	.045	33.78	.03
@CALIF. CHILDREN SERVICES*	864	14,030	\$	2,815,855.37	\$ 200.70	.072	\$ 3259.09	\$ 14.47
@XOVER EXCLUDING STATE HOSP**	307	1,845	\$	71,441.01	\$ 38.72	.009	\$ 232.71	\$.37

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,529
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

BONOTHI COUNTI	DOLLINI OF PHIC	VICUO IOIN INDICIA		101111				
						MO	NTHLY AVERA	GE
246,262 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	119,021	2,234,134	\$	203,293,505.96	\$ 90.99	9.072	\$ 1708.05	\$ 825.52
@PHYSICIANS SERVICES	29 , 317	90,944	\$	3,827,514.16	\$ 42.09	.369	\$ 130.56	\$ 15.54
OUTPATIENT VISITS	15 , 646	20,800		785 , 174.00	37.75	.084	50.18	3.19
OFFICE VISITS	8 , 726	11,280		329,176.59	29.18	.046	37.72	1.34
HOME VISITS	2	3		99.60	33.20	.000	49.80	.00
EMERGENCY ROOM	6 , 067	7,115		361,481.77	50.81	.029	59.58	1.47
PREVENTIVE CARE	175	179		6,995.98	39.08	.001	39.98	.03
OB VISITS/COMPRE PERI	460	1,028		57,494.21	55.93	.004	124.99	.23
OTHER OUTPATIENT	1,064	1,195		29,925.85	25.04	.005	28.13	.12
INPATIENT VISITS	1,960	7,607		435,353.01	57.23	.031	222.12	1.77
HOSPITAL VISITS	1,730	5,858		260,566.48	44.48	.024	150.62	1.06
CRITICAL CARE	238	1,222		157,036.79	128.51	.005	659.82	.64
SNF/ICF/TRANS IP CARE	147	527		17,749.74	33.68	.002	120.75	.07
OPHTHALMOLOGICAL SERVICES	462	567		24,152.56	42.60	.002	52.28	.10

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	456	564	23,953.99	42.47	.002	52.53	.10
SERVICES AND MATERIALS	6	3	198.57	66.19	.000	33.10	.00
INPATIENT HOSPITAL SURGERY	1,744	9,551	812,161.09	85.03	.039	465.69	3.30
PRINCIPAL SURGEON	1,088	1,355	618,897.55	456.75	.006	568.84	2.51
ASSISTANT SURGEON	147	153	26,654.25	174.21	.001	181.32	.11
ANESTHESIOLOGIST	797	8,043	166,609.29	20.71	.033	209.05	.68
OUTPATIENT SURGERY	2,157	5 , 533	371,880.01	67.21	.022	172.41	1.51
PRINCIPAL SURGEON	1,709	2,207	289,312.91	131.09	.009	169.29	1.17
ASSISTANT SURGEON	35	35	3,274.25	93.55	.000	93.55	.01
ANESTHESIOLOGIST	547	3 , 291	79,292.85	24.09	.013	144.96	.32
DIALYSIS	227	344	63,654.34	185.04	.001	280.42	.26
PATHOLOGY	2,481	5,348	87,322.83	16.33	.022	35.20	.35
RADIOLOGY	6,864	11,280	452,370.13	40.10	.046	65.90	1.84
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00
IMMUNIZATION AND INJECTION	467	4,035	237,266.47	58.80	.016	508.07	.96
OTHER SERVICES/ALL X-OVERS	6 , 750	25 , 878	558,150.54	21.57	.105	82.69	2.27
@PHARMACY	60,094	442,680	\$ 16,094,485.31	\$ 36.36	1.798	\$ 267.82	\$ 65.36
PRESCRIPTION DRUGS	59 , 378	217,414	15,771,235.95	72.54	.883	265.61	64.04
SNF/ICF	8,642	61,528	-,,		.250	443.80	15.57
OUTPATIENTS	50 , 876	155 , 886	11,935,880.87	76.57	.633	234.61	48.47
MEDICAL SUPPLIES	3,326	225,266	323,249.36	1.43	.915	97.19	1.31
@DENTIST	8,843	41,792	\$ 1,315,935.51	\$ 31.49	.170	\$ 148.81	\$ 5.34
VISITS - DIAGNOSTIC	6,534	26 , 677	381,052.27	14.28	.108	58.32	1.55
ORAL SURGERY	1,278	3 , 199	185 , 181.99	57.89	.013	144.90	.75
DRUGS	56	64	1,011.68	15.81	.000	18.07	.00
ANESTHESIA	57	58	4,900.00	84.48	.000	85.96	.02
PERIODONTICS	211	222	22,909.22	103.19	.001	108.57	.09
ENDODONTICS	639	1,258	140,376.15	111.59	.005	219.68	.57
RESTORATIVE DENTISTRY	2 , 875	8,660	435,738.59	50.32	.035	151.56	1.77
PROSTHETICS	28	27	600.00	22.22	.000	21.43	.00
DENTURES, STAYPLATES	318	1,014	121,066.75	119.40	.004	380.71	.49
SPACE MAINTAINERS	40	47	4,253.00	90.49	.000	106.33	.02

MAXILLOFACIAL SERVICES	11	14	2,604.92	186.07	.000	236.81	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	216	258	15,079.94	58.45	.001	69.81	.06
ALL OTHER SERVICES	224	294	1,161.00	3.95	.001	5.18	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	004 THRU DEC	2004	PAGE 15,530
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR MEDICALLY	NEEDY - TOTAL				

SONOMA COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY N	EEDY - TOTAL							
0.4.6.0.00			_				MO			GE.	
246,262 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2,134	6,464	\$	136,130.48	\$	21.06	.026	\$	63.79	\$.55
DIAGNOSTIC AND ANC. PROCED	1,168	1,248		52,530.31		42.09	.005		44.97		.21
EYE APPLIANCES	1,681	5,041		77,747.62		15.42	.020		46.25		.32
OTHER OPTOMETRIC SERVICES	130	175		5,852.55		33.44	.001		45.02		.02
@CHIROPRACTOR	132	311	\$	5,064.10	\$	16.28	.001	\$	38.36	\$.02
VISITS	127	301		4,940.93		16.42	.001		38.90		.02
OTHER SERVICES	5	10		123.17		12.32	.000		24.63		.00
@PODIATRIST	1,820	2,906	\$	19,548.80	\$	6.73	.012	\$	10.74	\$.08
MEDICINE/INJECTIONS	48	64		2,072.98		32.39	.000		43.19		.01
SURGERY/ANES.	4	4		72.95		18.24	.000		18.24		.00
RADIO./PATHOLOGY	4	6		131.48		21.91	.000		32.87		.00
OTHER	1,770	2,832		17,271.39		6.10	.011		9.76		.07
@HOME HEALTH AGENCY	559	17,488	Ś	568,153.51	\$	32.49	.071	Ś	1016.37	\$	2.31
NURSE ANESTHESIST	14	198	Ś		\$	12.01		\$	169.89	\$.01
NURSE MIDWIFE	583	4,250	\$	141,133.65	\$	33.21	.017		242.08	\$.57
PEDIATRIC NURSE PRACTITIONER		3	\$	68.70	\$	22.90	.000		34.35	\$.00
FAMILY NURSE PRACTITIONER	14	26	\$	637.22	\$	24.51	.000		45.52		.00
@TOTAL HOSPITAL	24,099	99,292	\$	18,450,689.15		185.82	.403		765.62		74.92
HOSP INPATIENT TOTAL	2,209	8,416	Ą	15,812,443.78	Ş	1878.86	.034	Ą	7158.19	Ą	64.21
HSC HOSPITALS	2,209 207	1,594				1566.61	.034				10.14
		-		2,497,171.56					12063.63		
NON-HSC HOSPITAL TOTAL	1,572	6,822		12,891,142.90		1889.64	.028		8200.47		52.35
ACCOMMODATIONS	1,569	6,822		4,371,373.16		640.78	.028		2786.09		17.75
ADMINISTRATIVE DAYS	6	70		15,150.15		216.43	.000		2525.03		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,563	6 , 752		4,356,223.01		645.18	.027		2787.09		17.69
ANCILLARIES	1,572	0		8,519,769.74		.00	.000		5419.70		34.60
INPATIENT CROSSOVERS	448	0		424,129.32		.00	.000		946.72		1.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22,685	90 , 876		2,638,245.37		29.03	.369		116.30		10.71
MEDICAL	7 , 451	10,407		372,854.17		35.83	.042		50.04		1.51
SURGERY	2,089	2,489		115,791.57		46.52	.010		55.43		.47
PATHOLOGY	6 , 795	25 , 410		310,926.82		12.24	.103		45.76		1.26
RADIOLOGY	5,171	7,074		503,910.18		71.23	.029		97.45		2.05
ROOM USE	13,155	17 , 686		671,677.36		37.98	.072		51.06		2.73
CROSSOVERS/ALL OTH OUTPTNT	8 , 929	27,810		663,085.27		23.84	.113		74.26		2.69
@COUNTY HOSPITAL TOTAL	98	620	\$	362,238.20	\$	584.26	.003	\$	3696.31	\$	1.47
CO HOSPITAL INPATIENT TOTAL	15	266		348,991.24		1312.00	.001		23266.08		1.42
HSC HOSPITALS	15	254		341,598.00		1344.87	.001		22773.20		1.39
NON-HSC HOSPITALS TOTAL	1	12		7,393.24		616.10	.000		7393.24		.03
ACCOMMODATIONS	1	12		2,775.60		231.30	.000		2775.60		.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	12		2,775.60		231.30	.000		2775.60		.01
ANCILLARIES	1	0		4,617.64		.00	.000		4617.64		.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
THE CHILLY THEM THE	O .	O		.00		• 0 0	.000		• 00		• 0 0

CO HOSP OUTPATIENT TOTAL	87	354	13,246.96	37.42	.001	152.26	.05
MEDICAL	30	44	1,791.71	40.72	.000	59.72	.01
SURGERY	11	18	584.81	32.49	.000	53.16	.00
PATHOLOGY	21	99	2,038.35	20.59	.000	97.06	.01
RADIOLOGY	15	21	1,330.13	63.34	.000	88.68	.01
ROOM USE	50	88	4,497.48	51.11	.000	89.95	.02
CROSSOVERS/ALL OTH OUTPTNT	48	84	3,004.48	35.77	.000	62.59	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 200	4 THRU DE	C 2004	PAGE 15,531
MOP024	FEE-FOR-SERVICE/DENTA	.L					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - TOTAL				
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							M	CNC	THLY AVERA	GE.	
246,262 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24,015		\$	18,088,450.95		183.32	.401	\$	753.21	\$	73.45
COMM HOSP INPATIENT TOTAL	2,196	8,150		15,463,452.54		L897.36	.033		7041.65		62.79
HSC HOSPITALS	192	1,340		2,155,573.56		1608.64	.005		11226.95		8.75
NON-HSC HOSPITALS TOTAL	1,572	6,810		12,883,749.66		L891.89	.028		8195.77		52.32
ACCOMMODATIONS	1,569	6,810		4,368,597.56		641.50	.028		2784.32		17.74
ADMINISTRATIVE DAYS	6	70		15,150.15		216.43	.000		2525.03		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,563 1,572	6,740		4,353,447.41		645.91	.027		2785.32		17.68
ANCILLARIES	1,572	0		8,515,152.10		.00	.000		5416.76		34.58
INPATIENT CROSSOVERS	448	0		424,129.32		.00	.000		946.72		1.72
ALL OTHER INPATIENT	0	0 0 90 , 522		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22,609	90,522		2,624,998.41		29.00	.368		116.10		10.66
MEDICAL	7,421	10,363		371,062.46		35.81	.042		50.00		1.51
SURGERY	2 , 079	2,471		115,206.76		46.62	.010		55.41		.47
PATHOLOGY	6,775	25,311		308,888.47		12.20	.103		45.59		1.25
RADIOLOGY	5,158	7,053		502,580.05		71.26	.029		97.44		2.04
ROOM USE	13,110	17,598		667,179.88		37.91	.071		50.89		2.71
	8,883	27,726				23.81	.113		74.31		2.68
@STATE HOSPITAL	7,471		Ś		\$	507.14		Ś	15645.03	Ś	474.63
MENTALLY ILL	0	0	т	.00	т	.00	.000	Τ.	.00	~	.00
DEVELOP. DISABLED	7,471			116,884,031.65		507.14	.936		15645.03		474.63
@NURSING FACILITY	9,010			31,395,826.07	Ś	118 03			3484.55	Ś	127.49
LEV A-INTERMEDIATE	7	271	т				.001	Τ.	3959.53	~	.11
LEV B-REHAB MD	7 257	8,149		946,271.04		102.28 116.12 369.28	.033		3681.99		3.84
LEV B-SUBACUTE FREESTANDING	11	346		127,772.56		369 28	.001		11615.69		.52
LEV B-SUBACUTE HSPTL BASED	34	1,253		643,628.06		513.67	.005		18930.24		2.61
LEV B-TRANSITIONAL IP CARE	•	0		.00		.00	.000		.00		.00
LEV B-REGULAR	8,710	255 , 972				115.83	1.039		3404.18		120.40
@INTERMEDIATE CARE FACILDD	1,106	34,020	Ś	5,636,152.27				Ś	5095.98	Ś	
ICF DDH	849	25 , 991	т	4,002,388.24		153.99	.106	Τ.	4714.24	~	16.25
ICF DD	1.0	323		35,832.12		110.94	.001		3583.21		.15
ICF DDN/DDCN	248	7,706		1,597,931.91		207.36	.031		6443.27		6.49
@HEMODIALYSIS TOTAL	639	•	\$		Ś	44.47		Ś	1550.47	Ś	4.02
HOSPITAL BASED	1	13	Υ	2,801.34	۲	215.49	.000	٧	2801.34	7	.01
HEMODIALYSIS CENTER	638	22,264		987,946.56		44.37	.090		1548.51		4.01
	173	•	\$		\$	15.63	.010	Ś		Ś	.15
HOSPITAL BASED	29	325	Υ	7,151.95	۲	22.01	.001	Ÿ	246.62	Y	.03
INDEPENDENT FACILITY	145	2,070		30,275.39		14.63	.008		208.80		.12
@LABORATORY FACILITY	6 , 755	22,075	¢		\$	14.24	.090	ς		Ġ	
PATHOLOGY	6,718	21,952	Υ	313,311.22	٧	14.27	.089	Y	46.64	Y	1.27
XO AND OTHERS	38	123		941.85		7.66	.000		24.79		.00
	22 , 556		\$		\$.165	¢		Ċ	16.08
CLINIC CLINIC	1,627	5,912	Υ	181,280.26	ې	30.66	.024	ٻ	111.42	ٻ	.74
CTITITO	1,02/	J, 912		101,200.20		30.00	.024		111.42		• / 4

300 113 300 24,973.93 83.25 .001 221.01 413 5,047.35 12.22 .002 148.45 34,092 3,748,947.69 109.97 .138 179.58 .10 SURGICENTER HEROIN DETOX CLINIC 34 .02 20,876 RURAL HEALTH CLINIC 15.22 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,532 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	ONTHLY AVERA	GE -	
246,262 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	C	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	11,409	909 , 827	\$	3,513,079.34	\$ 3.86	3.695	\$ 307.92	\$	14.27
DURABLE MED. EQUIP.	834	3,651		474,070.82	129.85	.015	568.43		1.93
BLOOD BANK	2	3		420.75	140.25	.000	210.38		.00
HEARING AID DISPENSERS	101	167		35,623.71	213.32	.001	352.71		.14
MEDICAL TRANSPORTATION	1,729	105,432		488,304.65	4.63	.428	282.42		1.98
AMBULANCES/AIR TRANS	875	7,729		137,814.44	17.83	.031	157.50		.56
OTHER TRANS	777	97 , 079		297,119.18	3.06	.394	382.39		1.21
OTHER SERVICES	112	624		53,371.03	85.53	.003	476.53		.22
ACUPUNCTURE	67	182		3,082.74	16.94	.001	46.01		.01
ADULT DAY HEALTH CARE CTR	70	809		56,366.78	69.67	.003	805.24		.23
GENETIC DISEASE TESTING	272	272		28,464.00	104.65	.001	104.65		.12
IHMC, MODEL-NF, NF, AIDS, MSSP	493	2,970		180,931.59	60.92	.012	367.00		.73
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	1,853	4,156		41,433.81	9.97	.017	22.36		.17
PHYSICAL THERAPIST	29	147		2,090.66	14.22	.001	72.09		.01
PORTABLE X-RAY	166	279		983.27	3.52	.001	5.92		.00
PROSTHETIST/ORTHOTISTS	107	463		68,418.56	147.77	.002	639.43		.28
PROSTHETICS	107	463		68,418.56	147.77	.002	639.43		.28
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	95	296		4,679.53	15.81	.001	49.26		.02
SPEECH AND AUDIOLOGY	679	1,898		96,177.68	50.67	.008	141.65		.39
HOSPICE SERVICES	470	13,269		1,537,729.99	115.89	.054	3271.77		6.24
NONINST BIRTHING CENTERS	28	28		27,322.29	975.80	.000	975.80		.11
LOCAL EDUCATION AGENCIES	2,002	16,943		162,553.78	9.59	.069	81.20		.66
EPSDT SUPPLEMENTAL SERVICE	5	1,174		28,449.30	24.23	.005	5689.86		.12
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	3,116	757 , 688		275,975.43	.36	3.077	88.57		1.12
@CALIF. CHILDREN SERVICES*	1,037	19 , 152	\$	2,953,569.19	\$ 154.22	.078	\$ 2848.19	\$	11.99
@XOVER EXCLUDING STATE HOSP**	10,705	494,841	\$	2,096,319.98	\$ 4.24	2.009	\$ 195.83	\$	8.51
8* TOTALS IN THESE LINES ADE CIT	TENT AC A CEDAT	DATE THEODMATION	ттгм	ONT V •					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,533
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

						MON	THLY AVERA	GE
22,788 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12,502	43 , 595	\$	2,764,855.54	\$ 63.42	1.913	221.15	\$ 121.33
@PHYSICIANS SERVICES	2 , 677	6 , 330	\$	269,781.62	\$ 42.62	.278	100.78	\$ 11.84
OUTPATIENT VISITS	1,866	2,463		90,722.74	36.83	.108	48.62	3.98
OFFICE VISITS	998	1,278		38,207.88	29.90	.056	38.28	1.68
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	757	884		42,098.50	47.62	.039	55.61	1.85
PREVENTIVE CARE	19	19		702.88	36.99	.001	36.99	.03
OB VISITS/COMPRE PERI	4.5	142		5,975.67	42.08	.006	132.79	.26

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTDATTENT	120	140		3,737.81		26.70	.006	31.15		.16
TNDAMTENM WICHTO	150	478		30,563.68		26.70 63.94	.021			
OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION	1.42			17,889.26		46 93	.021			.79
CDITTONI CADE	10	302		12 674 42		122 02	.004			.56
CNE/TOE/TDANG ID CADE	19	96		12,674.42 .00 1,598.44 1,598.44 .00 61,390.99		132.03	.004	.00		.00
SNF/ICF/TRANS IF CARE	0	2.4		1 500 44		47 01	.000			
OPHTHALMOLOGICAL SERVICES	32	34		1,598.44		47.01	.001	49.95		.07
EXAMINATIONS	32	34		1,598.44		4/.01	.001			.07
SERVICES AND MATERIALS	0	1 1 5 0		.00		.00	.000	.00 515.89		.00
INPATIENT HOSPITAL SURGERY	119	1,152		61,390.99		53.29	.051			
PRINCIPAL SURGEON	73	93		47,650.54 767.15 12,973.30		512.37	.004	652.75		2.09
ASSISTANT SURGEON	3	3		767.15		255.72	.000	255.72		.03
ANESTHESIOLOGIST	65	1,056		12,973.30		12.29	.046	199.59		.57
OUTPATIENT SURGERY	176	461 178		25,701.26 18,129.90 139.99		55.75	.020	146.03		1.13
PRINCIPAL SURGEON	144	178				101.85	.008	125 90		8.0
ASSISTANT SURGEON	2	2		139.99		70.00	.000	70.00		.01
ANESTHESIOLOGIST	46	281		139.99 7,431.37 .00 5,507.05		26.45				.33
DIALYSIS	0	0		.00 5,507.05		.00	.000	. 00		. 00
PATHOLOGY	161	299		5,507.05		18.42	.013	34.21		.24
RADIOLOGY	663	946		22,946.15		24.26	.042	34.61		1.01
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	31	64		19,460.78		304.07	.003	627.77		.85
OTHER SERVICES/ALL X-OVERS	180	433		11,890.53		27.46	.019	66.06		.52
@PHARMACY	3,666	946 0 64 433 11,597	\$	11,890.53 338,673.45	\$	29.20	.509	\$ 92.38	\$	14.86
PRESCRIPTION DRUGS	3,639	6,811		330,254.86		48.49	.299			14.49
SNF/ICF	5	32 6,779 4,786		368.99 329,885.87 8,418.59		11.53	.001			.02
OUTPATIENTS	3,634	6,779		329,885.87		48.66	.297	90.78		14.48
MEDICAL SUPPLIES	97	4,786		8,418.59		1.76	.210	86.79		.37
@DENTIST	700	4.229	Ś	130,511.38	Ś	30.86	.186			
VISITS - DIAGNOSTIC	537	4,229 2,689		41,251.03	'	15.34	.118			1.81
ORAL SURGERY	109	272		41,251.03 20,445.60		75 17	.012			
DRUGS	8	8		150.00		18.75		18.75		.01
ANESTHESTA	6	6		484 00		80.67		80 67		0.2
PERIODONTICS	4	4		318 50		79.63	.000			.01
ENDODONTICS	59	144		150.00 484.00 318.50 13,971.00 50,540.75		97.02	.006	236.80		.61
RESTORATIVE DENTISTRY	264	1 011		13,971.00 50,540.75 60.00		49 99	.044	191.44		2.22
PROSTHETICS	2	1,011		60.00		20 00	.000	30.00		.00
DENTIBES STAVELATES	1	7		60.00 353.00 120.00 150.00 .00 2.517.50		50.43	.000	353.00		.02
CDACE MATNERATINEDS	2	2		353.00 120.00		60.43	.000			
MAYTIOFACTAL CEDUTOEC	2	1		150.00		37.50	.000	60.00 75.00		.01
MAXILLOFACIAL SERVICES	2	4		130.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	20	44		.00				86.81		.11
	28	35		2,517.50 150.00		57.22 4.29	.002	5.36		.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV			יי סיומו							
			KES M	IONIH-OF-PAIMENT KI	₽ POKT	FOR JAN	ZUU4 THKU	DEC 2004	P	AGE 15,534
MOP024	FEE-FOR-SERVICE/DEN		NO 60	00004074547	177 134		0 0 0 0 0 17			03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR MIC	NO(SO)	u u u u u u u u u u u u u u u u u u u	4K 4M	ו אר /'ו' א	/ XF: XW			

SONOMA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

							MC	NTH	LY AVERA	GE	
22,788 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS OF CAR	2		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	175	519	\$	11,929.07	\$	22.98	.023	\$	68.17	\$.52
DIAGNOSTIC AND ANC. PROCED	136	152		6,249.96		41.12	.007		45.96		.27
EYE APPLIANCES	124	356		5,100.36		14.33	.016		41.13		.22
OTHER OPTOMETRIC SERVICES	10	11		578.75		52.61	.000		57.88		.03
@CHIROPRACTOR	1	3	\$	50.16	\$	16.72	.000	\$	50.16	\$.00
VISITS	1	3		50.16		16.72	.000		50.16		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	25	42	\$ 2,338.98	\$ 55.69	.002	\$ 93.56	\$.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	89	777	\$ 18,447.46	\$ 23.74	.034	\$ 207.27	\$.81
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$ 90.51	\$ 30.17	.000	\$ 45.26	\$.00
@TOTAL HOSPITAL	2 , 529	8,737	\$ 1,150,888.89	\$ 131.73	.383	\$ 455.08	\$ 50.50
HOSP INPATIENT TOTAL	143	578	911,132.42	1576.35	.025	6371.56	39.98
HSC HOSPITALS	25	131	212,566.02	1622.64	.006	8502.64	9.33
NON-HSC HOSPITAL TOTAL	119	447	698,566.40	1562.79	.020	5870.31	30.66
ACCOMMODATIONS	119	447	250,589.88	560.60	.020	2105.80	11.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	119	447	250,589.88	560.60	.020	2105.80	11.00
ANCILLARIES	119	0	447,976.52	.00	.000	3764.51	19.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,441	8 , 159	239,756.47	29.39	.358	98.22	10.52
MEDICAL	903	1,197	42,292.95	35.33	.053	46.84	1.86
SURGERY	200	238	9,721.48	40.85	.010	48.61	.43
PATHOLOGY	650	2,170	25,990.64	11.98	.095	39.99	1.14
RADIOLOGY	564	700	44,572.09	63.67	.031	79.03	1.96
ROOM USE	1,599	2,111	79,253.72	37.54	.093	49.56	3.48
CROSSOVERS/ALL OTH OUTPINT	704	1,743	37,925.59	21.76	.076	53.87	1.66
@COUNTY HOSPITAL TOTAL	18	131	\$ 14,555.80	\$ 111.11	.006	\$ 808.66	\$.64
CO HOSPITAL INPATIENT TOTAL	2	10	11,120.00	1112.00	.000	5560.00	.49
HSC HOSPITALS	2	10	11,120.00	1112.00	.000	5560.00	.49
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

	0	•		0.0	0.0	0.00	0.0		0.0
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0 0 0 121 10 7		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	17	121		3,435.80	28.40	.005	202.11		.15
MEDICAL	8	10		414.51	41.45	.000	51.81		.02
SURGERY	5	7		280.06	40.01 15.07	.000	56.01		.01
PATHOLOGY	6	10 7 52 6 25		783.78	15.07	.002	130.63		.03
RADIOLOGY	5	6		382.11	63.69	.000	76.42		.02
ROOM USE	15	25		1,310.25	52.41	.001	87.35		.06
CROSSOVERS/ALL OTH OUTPTNT	8	21		265.09	12.62	.001	33.14		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	Ε	PAGE 15,535
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR MIC - NO	o soc	03 04 2A 45 4A	4K 4M 5K 7T 82	8E 8W			
						MON	THLY AVERA	GE	
22,788 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
·		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,513	8,606	\$	1,136,333.09	\$ 132.04	.378 \$	452.18	\$	49.87
COMM HOSP INPATIENT TOTAL	141	568		900,012.42	1584.53	.025	6383.07	•	39.50
HSC HOSPITALS	2.3	121		201,446.02	1664.84	.005	8758.52		8.84
NON-HSC HOSPITALS TOTAL	119	447		698,566.40	1562.79	.020	5870.31		30.66
ACCOMMODATIONS	119 119	447		250,589.88	1584.53 1664.84 1562.79 560.60	.020	2105.80		11.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	Û	447 0 0 447		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0 119 119	447		250,589.88	560.60	.020	2105.80		11.00
ANCILLARIES	119	0		447,976.52	.00	.000	3764.51		19.66
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL		8,038		236 320 67	29.40	.353	97.45		10.37
MEDICAL	895	1,187		41,878.44	35.28	.052	46.79		1.84
SURGERY	195	231		9,441.42	40.87	.010	48.42		.41
PATHOLOGY	645	2,118		25,206.86	11.90	.093	39.08		1.11
RADIOLOGY	560	2,110		44,189.98	63.67	.030	78.91		1.94
ROOM USE	1 , 585	694 2,086 1,722		77,943.47	37.37	.092	49.18		3.42
CROSSOVERS/ALL OTH OUTPTNT		1 722		37,660.50	21.87	.076	54.11		1.65
	0 9 0	1,722	\$.00	\$.00	.000 \$		ċ	.00
@STATE HOSPITAL	0	0	Ą					Ş	
MENTALLY ILL	0			.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	Ś	.00	.00	.000	.00	ć	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		Ş	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	_	.00	.00	.000	.00	_	.00

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@INTERMEDIATE CARE FACIL.-DD

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

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@REHABILITATION FACILITY

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HOSPITAL BASED

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INDEPENDENT FACILITY	24	208		3,332.30		16.02	.009		138.85		.15
@LABORATORY FACILITY	698	1,805	\$	26,499.55	\$	14.68	.079	\$	37.96	\$	1.16
PATHOLOGY	698	1,804		26,488.15		14.68	.079		37.95		1.16
XO AND OTHERS	1	1		11.40		11.40	.000		11.40		.00
@ORGANIZED OUTPATIENT CLINIC	5 , 628	8,000	\$	779,315.43	\$	97.41	.351	\$	138.47	\$	34.20
CLINIC	418	1,187		35,434.30		29.85	.052		84.77		1.55
SURGICENTER	2	12		303.34		25.28	.001		151.67		.01
HEROIN DETOX CLINIC	2	31		379.77		12.25	.001		189.89		.02
RURAL HEALTH CLINIC	5 , 210	6 , 770		743,198.02		109.78	.297		142.65		32.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES MON	TH-OF-PAYMENT 1	REPORT	FOR JAN 20	04 THRU	DEC	2004	Ρž	AGE 15,536
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR MIC - N	O SOC	03 04 2A 45 4A	4K 4M	5K 7T 82 8	E 8W				
						_	M	IONTH	ILY AVERA	GE ·	

								M(JN.T.	HLY AVERA	GE:	
22,788 ELIGIBLES	USERS	UNITS OF SERVICE	1	E	XPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	3			PΕ	R UNIT/DAY	PER ELIG		USER	:	ELIGIBLE
@ALL OTHER PROVIDERS	380	1,343	\$		32,848.16	\$	24.46	.059	\$	86.44	\$	1.44
DURABLE MED. EQUIP.	29	69			6,311.06		91.46	.003		217.62		.28
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	13			156.86		12.07	.001		52.29		.01
MEDICAL TRANSPORTATION	66	569			7,986.38		14.04	.025		121.01		.35
AMBULANCES/AIR TRANS	66	569			7,986.38		14.04	.025		121.01		.35
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	26	26			2,730.00		105.00	.001		105.00		.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	130	281			2,353.43		8.38	.012		18.10		.10
PHYSICAL THERAPIST	1	2			43.84		21.92	.000		43.84		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	5	14			2,411.57		172.26	.001		482.31		.11
PROSTHETICS	5	14			2,411.57		172.26	.001		482.31		.11
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	36	77			4,230.44		54.94	.003		117.51		.19
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	3	3			3,320.04		1106.68	.000		1106.68		.15
LOCAL EDUCATION AGENCIES	64	270			3,139.05		11.63	.012		49.05		.14
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	18	19			165.49		8.71	.001		9.19		.01
@CALIF. CHILDREN SERVICES*	239	4,182	\$		385,233.77	\$	92.12	.184	\$	1611.86	\$	16.91
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 200	4 THRU DEC 2004 PAGE 15,537
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83	

		MON						E
191 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	<u>C</u>		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	304	2,011	\$	306,426.45	\$ 152.38	10.529 \$	1007.98	\$ 1604.33
@PHYSICIANS SERVICES	131	577	\$	122,735.62	\$ 212.71	3.021 \$	936.91	\$ 642.59

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	50	75		3,742.36		49.90	.393		74.85		19.59
OFFICE VISITS	12	17		610.12		35.89	.089		50.84		3.19
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	35	51		2,828.79		55.47	.267		80.82		14.81
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	6	7		303.45		43.35	.037		50.58		1.59
INPATIENT VISITS	22	55		3,778.22		68.69	.288		171.74		19.78
HOSPITAL VISITS	20	50		2,896.09		57.92	.262		144.80		15.16
CRITICAL CARE	4	5		882.13		176.43	.026		220.53		4.62
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		11.19		11.19	.005		11.19		.06
EXAMINATIONS	1	1		11.19		11.19	.005		11.19		.06
	0	0		.00		.00			.00		
SERVICES AND MATERIALS	•						.000				.00
INPATIENT HOSPITAL SURGERY	23	125		12,209.36		97.67	.654		530.84		63.92
PRINCIPAL SURGEON	13	16		9,365.69		585.36	.084		720.44		49.04
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	15	109		2,843.67		26.09	.571		189.58		14.89
OUTPATIENT SURGERY	22	86		4,963.49		57.72	.450		225.61		25.99
PRINCIPAL SURGEON	12	23		3,527.12		153.35	.120		293.93		18.47
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	10	63		1,436.37		22.80	.330		143.64		7.52
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	31		925.79		29.86	.162		84.16		4.85
RADIOLOGY	42	75		2,324.75		31.00	.393		55.35		12.17
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	22	129		94,780.46		734.73	.675		4308.20		496.23
@PHARMACY	35	91	\$	10,973.90	\$	120.59		\$	313.54	Ċ	57.45
PRESCRIPTION DRUGS	32	88	۲	10,954.01	Ą	124.48	.461	۲	342.31	۲	57.35
	0	0				.00			.00		
SNF/ICF	32	•		.00			.000				.00
OUTPATIENTS		88		10,954.01		124.48	.461		342.31		57.35
MEDICAL SUPPLIES	3	3		19.89		6.63	.016		6.63		.10
@DENTIST	29	214	\$	2,601.00	\$	12.15		\$	89.69	Ş	13.62
VISITS - DIAGNOSTIC	20	100		473.00		4.73	.524		23.65		2.48
ORAL SURGERY	4	17		717.00		42.18	.089		179.25		3.75
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.005		100.00		.52
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	4	14		142.00		10.14	.073		35.50		.74
RESTORATIVE DENTISTRY	15	72		1,169.00		16.24	.377		77.93		6.12
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	Ö	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	10		.00		.00	.052		.00		.00
#CALIF DEPT OF HEALTH SERV			D C C		EDOD						AGE 15,538
MOP024	FEE-FOR-SERVICE/		CLO	MONIA-OF-FAIMENI K	EPOR.	I FOR JAN 2	2004 INKU .	DEC	2004	r	03/14/05
			100			ATD CODE	0.2				03/14/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MIC - S	OC			AID CODE				C.E.	
101 FITCEDIES	HOEDO	INITED OF CERTIFICE	,	EADENDIBLE	7. 7. 7		MO				
191 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	2	OR DAYS OF CARE		105 10		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	3		\$	125.10	Ş		.042	Ş	41.70	Ş	.65
DIAGNOSTIC AND ANC. PROCED	2	2		39.44		19.72	.010		19.72		.21

EYE APPLIANCES	2	6		85.66		14.28	.031	42.83		.45
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	Ś	.00	Ś	.00	.000		Ś	.00
MEDICINE/INJECTIONS	0	0	т	.00	Τ.	.00	.000	.00	т	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
	0	0								
RADIO./PATHOLOGY	<u> </u>	-		.00		.00	.000	.00		.00
OTHER	0	0		.00	_	.00	.000	.00	_	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.010			.55
NURSE ANESTHESIST	1	8	\$	150.05	\$	18.76	.042		\$.79
NURSE MIDWIFE	1	1	\$	24.00	\$	24.00	.005	24.00	\$.13
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	127	764	\$	160,127.16	\$	209.59		1260.84	\$	838.36
HOSP INPATIENT TOTAL	23	68		144,297.10		2122.02	.356	6273.79	·	755.48
HSC HOSPITALS	5	26		39,756.00		1529.08	.136	7951.20		208.15
NON-HSC HOSPITAL TOTAL	18	42		104,541.10		2489.07	.220	5807.84		547.34
	18	42						1186.89		
ACCOMMODATIONS				21,364.07		508.67	.220			111.85
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	18	42		21,364.07		508.67	.220	1186.89		111.85
ANCILLARIES	18	0		83 , 177.03		.00	.000	4620.95		435.48
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	109	696		15,830.06		22.74	3.644	145.23		82.88
MEDICAL	30	53		1,336.97		25.23	.277	44.57		7.00
SURGERY	21	29		978.54		33.74	.152	46.60		5.12
PATHOLOGY	53	311		2,726.25		8.77	1.628	51.44		14.27
	38	63		4,640.89		73.66	.330	122.13		24.30
RADIOLOGY				-						
ROOM USE	80	120		4,408.81		36.74	.628	55.11		23.08
CROSSOVERS/ALL OTH OUTPTNT	49	120		1,738.60	_	14.49	.628	35.48	_	9.10
@COUNTY HOSPITAL TOTAL	1	4	\$	60.25	\$	15.06	.021		Ş	.32
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	1	0		60.25		15.06	.021	60.25		.32
CO HOSP OUTPATIENT TOTAL	0	4								
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	1	1		5.90		5.90	.005	5.90		.03
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	1	2		26.31		13.16	.010	26.31		.14
ROOM USE	1	1		28.04		28.04	.005	28.04		.15
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU DI	EC 2004	PI	GE 15,539
MOP024	FEE-FOR-SERVICE/DENTA	AL								03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES		SOC			AID CODE	83			, -,
						0021		THLY AVERA	GE -	
101 FITCIBLES	HCEBC HNTT	C OF CEDIATOR	7	EADENDILLIDES	71 7 7	EDACE COCH	TIMITUR / DAVE		_	OCT DED

		OR DAYS OF CARE	Ξ		PER UNIT/DA	Y PER ELIG	USER	Ε	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	126	760	\$	160,066.91	\$ 210.61	3.979	\$ 1270.37	\$	838.05
COMM HOSP INPATIENT TOTAL	23	68		144,297.10	2122.02	.356	6273.79		755.48
HSC HOSPITALS	5	26		39,756.00	1529.08	.136	7951.20		208.15
NON-HSC HOSPITALS TOTAL	18	42		104,541.10	2489.07	.220	5807.84		547.34
ACCOMMODATIONS	18	42		21,364.07	508.67	.220	1186.89		111.85
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	18	42		21,364.07	508.67	.220	1186.89		111.85
ANCILLARIES	18	0		83,177.03	.00	.000	4620.95		435.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	108	692		15,769.81	22.79	3.623	146.02		82.56
MEDICAL	30	53		1,336.97	25.23	.277	44.57		7.00
SURGERY	20	28		972.64	34.74	.147	48.63		5.09
PATHOLOGY	53	311		2,726.25	8.77	1.628	51.44		14.27
RADIOLOGY	37	61		4,614.58	75.65	.319	124.72		24.16
ROOM USE	79	119		4,380.77	36.81	.623	55.45		22.94
CROSSOVERS/ALL OTH OUTPTNT	49	120		1,738.60	14.49	.628	35.48		9.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000		.00		.00
@LABORATORY FACILITY	6	9 \$	178.80) \$	19.87	.047	\$	29.80	\$.94
PATHOLOGY	6	9	178.80)	19.87	.047		29.80		.94
XO AND OTHERS	0	0	.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	30 \$	3,118.35	\$	103.95	.157	\$	148.49	\$	16.33
CLINIC	1	3	91.14	ļ	30.38	.016		91.14		.48
SURGICENTER	0	0	.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	20	27	3,027.21		112.12	.141		151.36		15.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	PΙ	AGE 15,540
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MIC - SOC	!		AID CODE 83					

----- MONTHLY AVERAGE -----USERS 191 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 17 307 6,287.48 20.48 1.607 \$ 369.85 \$ 32.92 DURABLE MED. EQUIP. 1 2 237.28 118.64 .010 237.28 1.24 .00 .00 .00 0 .000 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 10 MEDICAL TRANSPORTATION 278 5,731.34 20.62 1.455 573.13 30.01 9 170 2,384.74 14.03 .890 264.97 AMBULANCES/AIR TRANS 12.49 106 196.60 1.85 .555 196.60 OTHER TRANS 1.03 1575.00 1575.00 OTHER SERVICES 3,150.00 .010 16.49 .00 ACUPUNCTURE 0 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 33.28 8.32 .021 16.64 .17 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 LOCAL EDUCATION AGENCIES 277.57 12.62 .115 92.52 1.45 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 . 00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 1 8.01 8.01 8.01 .005 .04 3911.66 @CALIF. CHILDREN SERVICES* 179,936.41 295.95 3.183 \$ 942.08 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.000 \$.00 \$.00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERAG	E
22,979 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,806 2,808	45,606 \$	3,071,281.99	\$ 67.34	1.985 \$	239.83	\$ 133.66
@PHYSICIANS SERVICES	2,808	6,907 \$	392,517.24	\$ 56.83	.301 \$	139.79	
OUTPATIENT VISITS	1,916	2,538	94,465.10	37.22	.110	49.30	4.11
OFFICE VISITS	1,010	1,295	38,818.00	29.98	.056	38.43	1.69
HOME VISITS	, 0	, 0	.00	.00	.000	.00	.00
EMERGENCY ROOM	792	935	44,927.29	48.05	.041	56.73	1.96
PREVENTIVE CARE	19	19	702.88	36.99	.001	36.99	.03
OB VISITS/COMPRE PERI	45	142	5,975.67	42.08	.006	132.79	.26
OTHER OUTPATIENT	126	147	4,041.26	27.49	.006	32.07	.18
INPATIENT VISITS	172	533	34,341.90	48.05 36.99 42.08 27.49 64.43	.023	199.66	1.49
HOSPITAL VISITS	163	432	20,785.35	48.11	.019	127.52	.90
CRITICAL CARE	23	101	13,556.55	134.22	.004	589.42	.59
SNF/ICF/TRANS IP CARE	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	33	35	1,609.63	45.99	.002	48.78	.07
EXAMINATIONS	33	35	1,609.63	45.99	.002	48.78	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	142	1,277	73,600.35	57.64	.056	518.31	3.20
PRINCIPAL SURGEON	86	109	57,016.23	523.08	.005	662.98	2.48
ASSISTANT SURGEON	3	3	767.15	255.72	.000	255.72	.03
ANESTHESIOLOGIST	80	1,165	15,816.97	13.58	.051	197.71	.69
OUTPATIENT SURGERY	198	547	30,664.75	56.06	.024	154.87	1.33
PRINCIPAL SURGEON	156	201	21,657.02	107.75	.009	138.83	.94
ASSISTANT SURGEON	2	2	139.99	70.00	.000	70.00	.01
ANESTHESIOLOGIST	56	344	8,867.74	25.78	.015	158.35	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	172	330	6,432.84	19.49	.014	37.40	.28
RADIOLOGY	705	1,021	25,270.90	24.75	.044	35.85	1.10
PSYCHIATRY	, 05	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	•	64	19,460.78	304.07	.003	627.77	.85
OTHER SERVICES/ALL X-OVERS	31 202	562	106,670.99	189.81	.024	528.07	4.64
@PHARMACY	3,701	11,688 \$	349,647.35	\$ 29.92	.509 \$	94.47	
PRESCRIPTION DRUGS	3,671	6,899	341,208.87	49.46	.300	92.95	14.85
SNF/ICF	5,071	32	368.99	11.53	.001	73.80	.02
OUTPATIENTS	3 , 666	6 , 867	340,839.88	49.63	.299	92.97	14.83
MEDICAL SUPPLIES	100	4,789	8,438.48	1.76	.208	84.38	.37
@DENTIST	100 729	4,443 \$	133,112.38	\$ 29.96	.193 \$	182.60	
VISITS - DIAGNOSTIC	557	2,789	41,724.03	14.96	.121	74.91	1.82
ORAL SURGERY	113	289	21,162.60	73.23	.013	187.28	.92
DRUGS	8	8	150.00	18.75	.000	18.75	.01
ANESTHESIA	7	7	584.00	83.43	.000	83.43	.03
PERIODONTICS	4	4	318.50	79.63	.000	79.63	.03
ENDODONTICS	63			89.32	.007	224.02	.61
RESTORATIVE DENTISTRY	279	158 1,083	14,113.00 51,709.75	47.75	.047	185.34	2.25
PROSTHETICS	2 / 9	3	60.00	20.00	.000	30.00	.00
DENTURES, STAYPLATES	1	7	353.00	50.43	.000	353.00	.02
SPACE MAINTAINERS	2	2	120.00	60.00	.000	60.00	.02
	2	4	150.00	37.50	.000	75.00	.01
MAXILLOFACIAL SERVICES	0	0		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	29	44	.00		.000		.11
ORTHODONTIC SERVICES	30	44	2,517.50 150.00	57.22 3.33	.002	86.81 5.00	.01
ALL OTHER SERVICES							PAGE 15,542
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NID-OF-PAIMENT RE	TEORI FOR JAN 2	LUU4 INKU DEC	2004	PAGE 13,342

FEE-FOR-SERVICE/DENTAL

03/14/05

							M	ONT	HLY AVERA	GE	
22,979 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	178	527	\$	12,054.17	\$	22.87	.023	\$	67.72	\$.52
DIAGNOSTIC AND ANC. PROCED	138	154		6,289.40		40.84	.007		45.58		.27
EYE APPLIANCES	126	362		5,186.02		14.33	.016		41.16		.23
OTHER OPTOMETRIC SERVICES	10	11		578.75		52.61	.000		57.88		.03
@CHIROPRACTOR	1	3 \$	\$	50.16	\$	16.72	.000	\$	50.16	\$.00
VISITS	1	3		50.16		16.72	.000		50.16		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	26	44	\$		\$	55.54		\$	94.00	\$.11
NURSE ANESTHESIST	1	8 9	\$		\$	18.76		\$	150.05	\$.01
NURSE MIDWIFE	90	778	S	18,471.46	\$	23.74	.034		205.24	\$.80
PEDIATRIC NURSE PRACTITIONER	0	0 9	S		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	S	90.51	\$	30.17	.000		45.26	\$.00
@TOTAL HOSPITAL	2,656		\$			137.99	.413		493.61		57.05
HOSP INPATIENT TOTAL	166	646	т	1,055,429.52	7	1633.79	.028	7	6358.01	т.	45.93
HSC HOSPITALS	30	157		252,322.02		1607.15	.007		8410.73		10.98
NON-HSC HOSPITAL TOTAL	137	489		803,107.50		1642.35	.021		5862.10		34.95
ACCOMMODATIONS	137	489		271,953.95		556.14	.021		1985.07		11.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	137	489		271 , 953.95		556.14	.021		1985.07		11.83
ANCILLARIES	137	0		531,153.55		.00	.000		3877.03		23.11
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2 , 550	8 , 855		255 , 586.53		28.86	.385		100.23		11.12
MEDICAL	933	1,250		43,629.92		34.90	.054		46.76		1.90
SURGERY	221	267		10,700.02		40.07	.012		48.42		.47
PATHOLOGY	703	2,481		28,716.89		11.57	.108		40.42		1.25
RADIOLOGY	602	763		49,212.98		64.50	.033		81.75		2.14
ROOM USE	1,679	2 , 231		83,662.53		37.50	.097		49.83		3.64
CROSSOVERS/ALL OTH OUTPINT	753	1,863		39,664.19		21.29	.081		52.67		1.73
	19	•	\$		\$	108.27	.006	ċ	769.27	ċ	.64
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	2	10	Ą	11,120.00	Ş	1112.00	.000	Ą	5560.00	Ş	.48
HSC HOSPITALS	2	10				1112.00	.000		5560.00		.48
NON-HSC HOSPITALS TOTAL	0	0		11,120.00			.000		.00		.00
	0	0		.00		.00					
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	•			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	•	•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	18	125		3,496.05		27.97	.005		194.23		.15
MEDICAL	8	10		414.51		41.45	.000		51.81		.02
SURGERY	6	8		285.96		35.75	.000		47.66		.01
PATHOLOGY	6	52		783.78		15.07	.002		130.63		.03
RADIOLOGY	6	8		408.42		51.05	.000		68.07		.02
ROOM USE	16	26		1,338.29		51.47	.001		83.64		.06

CROSSOVERS/ALL OTH OUTPINT 8 21 265.09 12.62 .001 33.14 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,543 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	INDIGENT - CHILDRE	SN - TOTAL			~-	
00 000					MONT			
22,979 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		OST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,639	9,366 \$	1,296,400.00	\$ 138.42	.408 \$	491.25	Ş	56.42
COMM HOSP INPATIENT TOTAL	164	636	1,044,309.52	1642.00	.028	6367.74		45.45
HSC HOSPITALS	28	147	241,202.02	1640.83	.006	8614.36		10.50
NON-HSC HOSPITALS TOTAL	137	489	803,107.50	1642.35	.021	5862.10		34.95
ACCOMMODATIONS	137	489	271,953.95	556.14	.021	1985.07		11.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	137	489	271,953.95	556.14	.021	1985.07		11.83
ANCILLARIES	137	0	531,153.55	.00	.000	3877.03		23.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,533	8,730	252,090.48	28.88	.380	99.52		10.97
MEDICAL	925	1,240	43,215.41	34.85	.054	46.72		1.88
SURGERY	215	259	10,414.06	40.21	.011	48.44		.45
PATHOLOGY	698	2,429	27,933.11	11.50	.106	40.02		1.22
RADIOLOGY	597	755	48,804.56	64.64	.033	81.75		2.12
ROOM USE	1,664	2,205	82,324.24	37.34	.096	49.47		3.58
CROSSOVERS/ALL OTH OUTPTNT		1,842	39,399.10	21.39	.080	52.88		1.71
@STATE HOSPITAL	743	0 \$.00	\$.00	.000 \$		\$.00
-	0	0 9	.00	.00	.000 \$.00	ş	.00
MENTALLY ILL	0							
DEVELOP. DISABLED	0	0 0 \$.00	.00	.000	.00	<u> </u>	.00
@NURSING FACILITY	0	т т	.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	•	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	25	210 \$	3,480.88	\$ 16.58	.009 \$	139.24	\$.15
HOSPITAL BASED	1	2	148.58	74.29	.000	148.58		.01
INDEPENDENT FACILITY	24	208	3,332.30	16.02	.009	138.85		.15
@LABORATORY FACILITY	704	1,814 \$	26,678.35	\$ 14.71	.079 \$	37.90	Ś	1.16
PATHOLOGY	704	1,813	26,666.95	14.71	.079	37.88	۲	1.16
XO AND OTHERS	1	1,019	11.40	11.40	.000	11.40		.00
@ORGANIZED OUTPATIENT CLINIC	5,649	8,030 \$	782,433.78	\$ 97.44	.349 \$		\$	34.05
CLINIC CLINIC	419	1,190	35,525.44	29.85	.052	84.79	۲	1.55
	2	1,190	303.34	25.28	.001	151.67		.01
SURGICENTER								
HEROIN DETOX CLINIC	2	31	379.77	12.25	.001	189.89		.02
RURAL HEALTH CLINIC	5,230	6,797	746,225.23	109.79	.296	142.68	-	32.47
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2004 THRU DEC	; ∠004	PA	GE 15,544
MOP024	FEE-FOR-SERVICE/							03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	INDIGENT - CHILDRE	EN - TOTAL				

22,979 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	397	1,650	\$ 39,135.64	\$ 23.72	.072	\$ 98.58	\$ 1.70
DURABLE MED. EQUIP.	30	71	6,548.34	92.23	.003	218.28	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	13	156.86	12.07	.001	52.29	.01
MEDICAL TRANSPORTATION	76	847	13,717.72	16.20	.037	180.50	.60
AMBULANCES/AIR TRANS	75	739	10,371.12	14.03	.032	138.28	.45
OTHER TRANS	1	106	196.60	1.85	.005	196.60	.01
OTHER SERVICES	2	2	3,150.00	1575.00	.000	1575.00	.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	26	26	2,730.00	105.00	.001	105.00	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	132	285	2 , 386.71	8.37	.012	18.08	.10
PHYSICAL THERAPIST	1	2	43.84	21.92	.000	43.84	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	14	2,411.57	172.26	.001	482.31	.10
PROSTHETICS	5	14	2,411.57	172.26	.001	482.31	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	36	77	4,230.44	54.94	.003	117.51	.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3	3,320.04	1106.68	.000	1106.68	.14
LOCAL EDUCATION AGENCIES	67	292	3,416.62	11.70	.013	50.99	.15
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	20	173.50	8.68	.001	9.13	.01
@CALIF. CHILDREN SERVICES*	285	4,790	\$ 565,170.18	\$ 117.99	.208	\$ 1983.05	\$ 24.60

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

03/14/05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,545

MOP024 FEE-FOR-SERVICE/DENTAL

SPACE MAINTAINERS

SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

----- MONTHLY AVERAGE -----00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 \$ 0 .00 \$.00 .000 \$.00 \$.00 .00 @PHYSICIANS SERVICES 0 .00 \$.000 \$.00 \$.00 .00 OUTPATIENT VISITS 0 .00 .000 .00 .00 OFFICE VISITS 0 .00 .000 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .000 PREVENTIVE CARE .00 .000 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 OTHER OUTPATIENT .00 .000 .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 HOSPITAL VISITS .000 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 EXAMINATIONS .00 .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 .00 OUTPATIENT SURGERY .000 .00 .00 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .00 .000 .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 .00 .000 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 .00 .000 RADIOLOGY .00 .00 .00 .00 .000 .00 .00 PSYCHIATRY .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION .00 OTHER SERVICES/ALL X-OVERS .00 .000 .00 .00 .00 \$.00 .00 \$.000 \$.00 @PHARMACY .00 .00 .000 .00 .00 PRESCRIPTION DRUGS SNF/ICF .00 .000 .00 .00 .00 .00 .00 .00 .000 OUTPATIENTS .00 MEDICAL SUPPLIES .000 .00 0 .00 .00 .00 S .00 \$.00 .000 \$. 00 @ DENTIST .00 VISITS - DIAGNOSTIC .00 .000 .00 .00 .00 .00 .00 ORAL SURGERY .000 .00 .00 .000 .00 DRUGS . 00 .00 .00 .00 .000 ANESTHESIA .00 .00 PERIODONTICS .000 .00 .00 .000 .00 . 00 ENDODONTICS RESTORATIVE DENTISTRY .00 .00 .00 .000 .00 .00 .00 PROSTHETICS .000 .00 .00 .00 DENTURES, STAYPLATES .000 .00 .00 .00 .000 .00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 0 .00 .00 .00 ALL OTHER SERVICES .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,546

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

SONOMA COUNTY	SUMMARY OF SER	VICES FOR	MIA - NO	SOC ·	- AID PAID PENDI	NG	AID CODE				
								MC			
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	3		COST PER
		OR DAYS	OF CARE					PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00	.00
OTHER SERVICES	0		0		.00		.00	.000		.00	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	.00
OTHER	0		0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	.00
ACCOMMODATIONS	Ō		0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	Ō		0		.00		.00	.000		.00	.00
ANCILLARIES	0		0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
MEDICAL	0		0		.00		.00	.000		.00	.00
SURGERY	0		0		.00		.00	.000		.00	.00
PATHOLOGY	Ō		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
ROOM USE	0		0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	.00
ACCOMMODATIONS	Ō		0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	.00
ANCILLARIES	0		0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 15,547
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO S	SOC - ATD PATD PENDING	ATD CODE	. 81		

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MIA -	NO SOC	- AID PAID PENDI	ING	AID CODE	81			
							M	ONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CAR					PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	т	.00	7	.00	.000	-	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
	0	0								
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	U	U		.00		.00	.000		.00	.00
PATHOLOGY	U	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
LEV B-REGULAR	0	0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	.00
ICF DD	0	0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00		\$.00	\$.00
PATHOLOGY	n n	0	т	.00	7	.00	.000	т.	.00	.00
XO AND OTHERS	n n	0		.00		.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	n	0	Ś	.00	\$.00	.000	\$.00	\$.00
CLINIC CLINIC	0	0	Υ	.00	~	.00	.000	Y	.00	.00
0211110	O	O		• 00		• • • •	.000		• • • •	• 0 0

SURGICENTER 0 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 .000 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,548 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPAR	ATE INFORMATION ITEM (ONLY;				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,549
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

						MON	ITHLY AVERA	GE	
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,093	7 , 959	\$	820,009.30	\$ 103.03	7.880 \$	750.24	\$ 811.89	
@PHYSICIANS SERVICES	458	1,589	\$	93,406.82	\$ 58.78	1.573 \$	203.95	\$ 92.48	
OUTPATIENT VISITS	204	360		15,679.60	43.55	.356	76.86	15.52	
OFFICE VISITS	80	106		3,191.38	30.11	.105	39.89	3.16	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	69	88		4,913.40	55.83	.087	71.21	4.86	
PREVENTIVE CARE	1	1		45.33	45.33	.001	45.33	.04	
OB VISITS/COMPRE PERI	66	154		7,292.93	47.36	.152	110.50	7.22	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	10	11	236.56	21.51	.011	23.66	.23
INPATIENT VISITS	63	190	13,773.17	72.49	.188	218.62	13.64
HOSPITAL VISITS	59	117	5,528.74	47.25	.116	93.71	5.47
CRITICAL CARE	5	73	8,244.43	112.94	.072	1648.89	8.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.05
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	104	659	47,645.44	72.30	.652	458.13	47.17
PRINCIPAL SURGEON	54	58	36,674.69	632.32	.057	679.16	36.31
ASSISTANT SURGEON	4	4	711.70	177.93	.004	177.93	.70
ANESTHESIOLOGIST	57	597	10,259.05	17.18	.591	179.98	10.16
OUTPATIENT SURGERY	32	54	4,383.64	81.18	.053	136.99	4.34
PRINCIPAL SURGEON	29	34	3,854.21	113.36	.034	132.90	3.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	529.43	26.47	.020	132.36	.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	69	98	1,925.00	19.64	.097	27.90	1.91
RADIOLOGY	148	176	6,543.11	37.18	.174	44.21	6.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	8	392.09	49.01	.008	65.35	.39
OTHER SERVICES/ALL X-OVERS	40	43	3,018.33	70.19	.043	75.46	2.99
@PHARMACY	275	741	\$ 28,207.84	\$ 38.07	.734	\$ 102.57	\$ 27.93
PRESCRIPTION DRUGS	269	558	25,080.16	44.95	.552	93.23	24.83
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	269	558	25,080.16	44.95	.552	93.23	24.83
MEDICAL SUPPLIES	20	183	3,127.68	17.09	.181	156.38	3.10
@DENTIST	35	130	\$ 4,938.00	\$ 37.98	.129	\$ 141.09	\$ 4.89
VISITS - DIAGNOSTIC	26	78	1,430.00	18.33	.077	55.00	1.42
ORAL SURGERY	1	2	165.00	82.50	.002	165.00	.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	475.00	237.50	.002	237.50	.47
RESTORATIVE DENTISTRY	13	45	2,278.00	50.62	.045	175.23	2.26
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	590.00	196.67	.003	295.00	.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 15,550
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO SO	C - PREGNANT	AID CODE	86		
					MON'	THLY AVERAG	GE
1,010 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	11	38 \$	772.65	\$ 20.33	.038 \$	70.24	\$.77
DIAGNOSTIC AND ANC. PROCED	9	11	387.00	35.18	.011	43.00	.38
EYE APPLIANCES	10	27	385.65	14.28	.027	38.57	.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	7 \$	117.04	\$ 16.72	.007 \$	58.52	\$.12
T/T C T III C	2	7	117 04	1 (70	007	FO FO	1.0

		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	11	38	\$	772.65	\$	20.33	.038	\$ 70.24	\$.77
DIAGNOSTIC AND ANC. PROCED	9	11		387.00		35.18	.011	43.00	.38
EYE APPLIANCES	10	27		385.65		14.28	.027	38.57	.38
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	2	7	\$	117.04	\$	16.72	.007	\$ 58.52	\$.12
VISITS	2	7		117.04		16.72	.007	58.52	.12
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	29	50	\$	2,893.13	\$	57.86	.050	\$ 99.76	\$ 2.86
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	136	1,505	\$	32,057.01	\$	21.30	1.490	\$ 235.71	\$ 31.74
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	435	2 , 879	\$	599 , 820.67	\$	208.34	2.850	\$ 1378.90	\$ 593.88
HOSP INPATIENT TOTAL	84	365		535,283.27		1466.53	.361	6372.42	529.98
HSC HOSPITALS	1	3		2,679.00		893.00	.003	2679.00	2.65
NON-HSC HOSPITAL TOTAL	83	362		532,604.27		1471.28	.358	6416.92	527.33
ACCOMMODATIONS	83	362		220,063.35		607.91	.358	2651.37	217.88
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	83	362		220,063.35		607.91	.358	2651.37	217.88
ANCILLARIES	83	0		312,540.92		.00	.000	3765.55	309.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	398	2,514		64 , 537.40		25.67	2.489	162.15	63.90
MEDICAL	76	107		4,126.21		38.56	.106	54.29	4.09
SURGERY	50	70		2,491.20		35.59	.069	49.82	2.47
PATHOLOGY	195	890		10,722.80		12.05	.881	54.99	10.62
RADIOLOGY	100	113		7,973.10		70.56	.112	79.73	7.89
ROOM USE	239	429		14,985.51		34.93	.425	62.70	14.84
CROSSOVERS/ALL OTH OUTPTNT	188	905		24,238.58		26.78	.896	128.93	24.00
@COUNTY HOSPITAL TOTAL	9	85	\$	2,112.70	\$	24.86		\$ 234.74	\$ 2.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
INPATIENT CROSSOVERS	0	0					.000				.00
ALL OTHER INPATIENT	U	-		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	9	85		2,112.70		.86	.084		234.74		2.09
MEDICAL	4	7		542.20		.46	.007		135.55		.54
SURGERY	2	3		112.37		.46	.003		56.19		.11
PATHOLOGY	7	47		596.16		.68	.047		85.17		.59
RADIOLOGY	1	2		48.37		.19	.002		48.37		.05
ROOM USE	6	12		552.91	46	.08	.012		92.15		.55
CROSSOVERS/ALL OTH OUTPTNT	8	14		260.69	18	.62	.014		32.59		.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MON'	TH-OF-PAYMENT RI	EPORT FOR	JAN 2	2004 THRU	DEC	2004	P	AGE 15,551
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR MIA - 1	NO SOC -	- PREGNANT	AID	CODE	86				
							M	ONT	HLY AVERA	GE.	
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE	COST	UNITS/DAY				COST PER
-,		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	427	2,794	\$	597,707.97		.93			1399.78		591.79
COMM HOSP INPATIENT TOTAL	84	365	7	535,283.27	1466		.361	Ψ.	6372.42	Τ.	529.98
HSC HOSPITALS	1	3		2,679.00	893		.003		2679.00		2.65
NON-HSC HOSPITALS TOTAL	83	362		532,604.27	1471		.358		6416.92		527.33
	83	362		220,063.35	607		.358		2651.37		217.88
ACCOMMODATIONS	0.0	0									
ADMINISTRATIVE DAYS				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	83	362		220,063.35	607		.358		2651.37		217.88
ANCILLARIES	83	0		312,540.92		.00	.000		3765.55		309.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	389	2,429		62 , 424.70		.70	2.405		160.47		61.81
MEDICAL	72	100		3,584.01	35	.84	.099		49.78		3.55
SURGERY	48	67		2,378.83	35	.50	.066		49.56		2.36
PATHOLOGY	188	843		10,126.64	12	.01	.835		53.87		10.03
RADIOLOGY	99	111		7,924.73	71	.39	.110		80.05		7.85
ROOM USE	233	417		14,432.60		.61	.413		61.94		14.29
CROSSOVERS/ALL OTH OUTPINT	180	891		23,977.89		.91	.882		133.21		23.74
@STATE HOSPITAL	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	7	.00	•	.00	.000	Ψ.	.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-TRANSITIONAL IP CARE	0	· ·		.00		.00	.000		.00		.00
LEV B-REGULAR		0	Ċ	.00	Ċ	.00	.000	ć	.00	ć	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0 164	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	164	406 \$	5,693.34	.00 \$ 14.02	.402 \$	34.72	\$ 5.64
PATHOLOGY		406	5,693.34	14.02	.402	34.72	5.64
XO AND OTHERS	0	406 0 519 \$.00 40,407.07	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	181	519 \$	40,407.07	\$ 77.86	.514 \$	223.24	\$ 40.01
CLINIC	60	275	10,917.78	39.70	.272	181.96	10.81
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	121	244	29,489.29		.242	243.71	29.20
#CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 1,010 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 15,552 03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SOC	- PREGNANT	AID CODE	86		00/11/00
20110121 0001111	001111111111111111111111111111111111111	1020 1011 11111 110 000	11120111111	1112 0022	MON	THLY AVERA	GE
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
1,010 221012220	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	
@ALL OTHER PROVIDERS	4 9	95 \$	11,695.73			238.69	
DURABLE MED. EQUIP.	0	0	.00	.00		.00	.00
BLOOD BANK	0	0	.00	.00	.000		.00
HEARING AID DISPENSERS	0	0	.00	.00	. 000	. 00	.00
MEDICAL TRANSPORTATION	11	47	862.72	.00 18.36 18.36	.047	.00 78.43 78.43	.85
AMBIILANCES/ATR TRANS	11	47	862 72	18 36	047	78 43	.85
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	0.0			0.0	.00
ACIIPIINCTIIRE	1	3	59 47	.00 19.82	003	59.47	.06
ADULT DAY HEALTH CARE CTR	0	0	0.0	00	000	00	.00
GENETIC DISEASE TESTING	21	21	2 205 00	.00 105.00	021	.00 105.00 .00	2.18
THMC.MODEL-NF.NF.AIDS.MSSP	0	0	.00	.00	000	00	.00
OCCUPATIONAL THERAPIST	0	0	.00	00	000	00	.00
OPTICIAN	6	0 13	112.44	.00 8.65	013	.00 18.74	.11
PHYSICAL THERAPIST	0	0	.00	.00	000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	0.0	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.000	00	.00
PROSTHETICS	Õ	0	0.0	0.0	.000	00	.00
ORTHOTICS	0	0	.00	.00	.000	0.0	.00
PSYCHOLOGIST	0	0	.00	.00			.00
SPEECH AND AUDIOLOGY	Õ	0	.00		000	00	.00
HOSPICE SERVICES	0	0	.00	.00	000	00	.00
NONINST BIRTHING CENTERS	9	9	8,440.08	937.79	009	.00 .00 .00 937.79	8.36
LOCAL EDUCATION AGENCIES	0	0	.00	.00	000	00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00			.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.002	8.01	.02
ALL UINER PROVIDERS		Z		0.01		0.01	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

1

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

12

78,280.86 \$ 1373.35

11.96 \$ 1.00

.056 \$ 15656.17 \$

.012 \$ 11.96 \$

77.51

.01

						MO	NTHLY AVERA	GΕ	
1,010 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,093	7 , 959	\$ 820,009.30	\$	103.03	7.880	750.24	\$	811.89
@PHYSICIANS SERVICES	458	1,589	\$ 93,406.82	\$	58.78	1.573	203.95	\$	92.48

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,553
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	204	360		15,679.60	43.55	.356	76.86		15.52
OFFICE VISITS	80	106		3,191.38	30.11	.105	39.89		3.16
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	69	88		4,913.40	55.83	.087	71.21		4.86
PREVENTIVE CARE	1	1		45.33	45.33	.001	45.33		.04
OB VISITS/COMPRE PERI	66	154		7,292.93	47.36	.152	110.50		7.22
OTHER OUTPATIENT	10	11		236.56	21.51	.011	23.66		.23
INPATIENT VISITS	63	190		13,773.17	72.49	.188	218.62		13.64
HOSPITAL VISITS	59	117		5,528.74	47.25	.116	93.71		5.47
	5	73		8,244.43	112.94	.072	1648.89		8.16
CRITICAL CARE	0			•					
SNF/ICF/TRANS IP CARE	U	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.001	46.44		.05
EXAMINATIONS	1	1		46.44	46.44	.001	46.44		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	104	659		47,645.44	72.30	.652	458.13		47.17
PRINCIPAL SURGEON	54	58		36 , 674.69	632.32	.057	679.16		36.31
ASSISTANT SURGEON	4	4		711.70	177.93	.004	177.93		.70
ANESTHESIOLOGIST	57	597		10,259.05	17.18	.591	179.98		10.16
OUTPATIENT SURGERY	32	54		4,383.64	81.18	.053	136.99		4.34
PRINCIPAL SURGEON	29	34		3,854.21	113.36	.034	132.90		3.82
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	4	20		529.43	26.47	.020	132.36		.52
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	69	98		1,925.00	19.64	.097	27.90		1.91
RADIOLOGY	148	176		6,543.11	37.18	.174	44.21		6.48
PSYCHIATRY	140	0		.00	.00	.000	.00		.00
	6	8		392.09		.008			
IMMUNIZATION AND INJECTION	•				49.01		65.35		.39
OTHER SERVICES/ALL X-OVERS	40	43	^	3,018.33	70.19	.043	75.46	<u>^</u>	2.99
@PHARMACY	275	741	\$	28,207.84	\$ 38.07	.734	•	\$	27.93
PRESCRIPTION DRUGS	269	558		25,080.16	44.95	.552	93.23		24.83
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	269	558		25,080.16	44.95	.552	93.23		24.83
MEDICAL SUPPLIES	20	183		3,127.68	17.09	.181	156.38		3.10
@DENTIST	35	130	\$	4,938.00	\$ 37.98		\$ 141.09	\$	4.89
VISITS - DIAGNOSTIC	26	78		1,430.00	18.33	.077	55.00		1.42
ORAL SURGERY	1	2		165.00	82.50	.002	165.00		.16
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	2	2		475.00	237.50	.002	237.50		.47
RESTORATIVE DENTISTRY	13	45		2,278.00	50.62	.045	175.23		2.26
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	2	3		590.00	196.67	.003	295.00		.58
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
•	0	0							
ORTHODONTIC SERVICES				.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0	EG MON	.00	.00	.000	.00	ъ.	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	LS MOR	NTH-OF-PAIMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PF	AGE 15,554
MOP024	FEE-FOR-SERVICE			E0E3.					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MIA - N	O SOC	- TOTAL				C D	
1 010 51 50 50		INITEO OF SERVICES			31700300 0000		NTHLY AVERA		
1,010 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
0.0000000000000000000000000000000000000	1.1	OR DAYS OF CARE		770 65	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	11	38	Ş	772.65	\$ 20.33	.038	•	\$.77
DIAGNOSTIC AND ANC. PROCED	9	11		387.00	35.18	.011	43.00		.38

EYE APPLIANCES	10	27	385.65	14.28	.027	38.57	.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	7	\$ 117.04	\$ 16.72	.007	\$ 58.52	\$.12
VISITS	2	7	117.04	16.72	.007	58.52	.12
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	29	50	\$ 2,893.13	\$ 57.86	.050	\$ 99.76	\$ 2.86
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	136	1,505	\$ 32,057.01	\$ 21.30	1.490	\$ 235.71	\$ 31.74
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	435	2 , 879	\$ 599 , 820.67	\$ 208.34	2.850	\$ 1378.90	\$ 593.88
HOSP INPATIENT TOTAL	84	365	535,283.27	1466.53	.361	6372.42	529.98
HSC HOSPITALS	1	3	2,679.00	893.00	.003	2679.00	2.65
NON-HSC HOSPITAL TOTAL	83	362	532,604.27	1471.28	.358	6416.92	527.33
ACCOMMODATIONS	83	362	220,063.35	607.91	.358	2651.37	217.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	83	362	220,063.35	607.91	.358	2651.37	217.88
ANCILLARIES	83	0	312,540.92	.00	.000	3765.55	309.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	398	2,514	64,537.40	25.67	2.489	162.15	63.90
MEDICAL	76	107	4,126.21	38.56	.106	54.29	4.09
SURGERY	50	70	2,491.20	35.59	.069	49.82	2.47
PATHOLOGY	195	890	10,722.80	12.05	.881	54.99	10.62
RADIOLOGY	100	113	7,973.10	70.56	.112	79.73	7.89
ROOM USE	239	429	14,985.51	34.93	.425	62.70	14.84

CROSSOVERS/ALL OTH OUTPINT	188	905		24,238.58	26.78	.896	128.93	24.00
@COUNTY HOSPITAL TOTAL	9	85	\$	2,112.70	\$ 24.80	.084	\$ 234.74	\$ 2.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	85		2,112.70	24.8	.084	234.74	2.09
MEDICAL	4	7		542.20	77.4	.007	135.55	.54
SURGERY	2	3		112.37	37.4	.003	56.19	.11
PATHOLOGY	7	47		596.16	12.68	.047	85.17	.59
RADIOLOGY	1	2		48.37	24.19	.002	48.37	.05
ROOM USE	6	12		552.91	46.08	.012	92.15	.55
CROSSOVERS/ALL OTH OUTPINT	8	14		260.69	18.62	.014	32.59	.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MON	ITH-OF-PAYMENT RE	PORT FOR J	AN 2004 THRU	DEC 2004	PAGE 15,555
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC	- TOTAL				

----- MONTHLY AVERAGE -----1,010 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 427 2,794 597,707.97 \$ 213.93 2.766 \$ 1399.78 \$ 591.79 365 535,283.27 1466.53 6372.42 529.98 COMM HOSP INPATIENT TOTAL 84 .361 1 3 893.00 2679.00 2.65 HSC HOSPITALS 2,679.00 .003 NON-HSC HOSPITALS TOTAL 362 532,604.27 1471.28 .358 6416.92 527.33 ACCOMMODATIONS 83 362 220,063.35 607.91 .358 2651.37 217.88 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 .00 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 ALL OTHER ACCOM 83 362 220,063.35 607.91 .358 2651.37 217.88 ANCILLARIES 0 312,540.92 .00 .000 3765.55 309.45 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 389 2,429 62,424.70 25.70 2.405 160.47 61.81 72 100 3,584.01 35.84 .099 49.78 3.55 MEDICAL 2.36 48 67 2,378.83 35.50 .066 49.56 SURGERY .835 PATHOLOGY 188 843 10,126.64 12.01 53.87 10.03 99 111 80.05 RADIOLOGY 7,924.73 71.39 .110 233 417 14,432.60 34.61 .413 61.94 ROOM USE 14.29 .882 CROSSOVERS/ALL OTH OUTPINT 180 891 23,977.89 26.91 133.21 23.74 0 0 .00 .00 .000 \$.00 \$ @STATE HOSPITAL MENTALLY ILL 0 0 .00 .00 .000 .00 .00 .00 DEVELOP. DISABLED Ω .00 .000 .00 . 00 .00 .00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 .00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .000 .00 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .00 . 00 .000 .00 .00 .000 .00 LEV B-REGULAR 0 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00 0 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.00	0	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00	0	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00	0	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.00	0	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.00	0	.00		.00
@LABORATORY FACILITY	164	406	\$	5,693.34	\$	14.02	.40	2 \$	34.72	\$	5.64
PATHOLOGY	164	406		5,693.34		14.02	.40	2	34.72		5.64
XO AND OTHERS	0	0		.00		.00	.00	0	.00		.00
@ORGANIZED OUTPATIENT CLINIC	181	519	\$ 4	40,407.07	\$	77.86	.51	4 \$	223.24	\$	40.01
CLINIC	60	275	-	10,917.78		39.70	.27	2	181.96		10.81
SURGICENTER	0	0		.00		.00	.00	0	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.00	0	.00		.00
RURAL HEALTH CLINIC	121	244	2	29,489.29		120.86	.24	2	243.71		29.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-	-PAYMENT	REPORT	FOR JAN	2004 THR	U DE	2004	PF	AGE 15,556
MOP024	FEE-FOR-SERVICE/DENTAL	L									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO	SOC - TOTA	$^{ m AL}$							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,010 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 49 95 11,695.73 \$ 123.11 .094 \$ 238.69 \$ 11.58 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 11 47 862.72 18.36 .047 78.43 .85 862.72 18.36 78.43 AMBULANCES/AIR TRANS 11 47 .047 .85 .00 OTHER TRANS .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE 59.47 19.82 .003 59.47 .06 .00 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 .00 GENETIC DISEASE TESTING 21 2,205.00 105.00 .021 105.00 2.18 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 13 112.44 OPTICIAN 8.65 .013 18.74 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY 0 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 PROSTHETICS .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 8,440.08 937.79 937.79 NONINST BIRTHING CENTERS .009 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 2 16.02 8.01 .002 8.01 .02 @CALIF. CHILDREN SERVICES* 78,280.86 \$ 1373.35 .056 \$ 15656.17 \$ 77.51 1.00 @XOVER EXCLUDING STATE HOSP** 12 11.96 \$.012 \$ 11.96 \$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR MIA - SOC - 1	LTC	AID CODE	53		
					MON'	THLY AVERA	GE
150 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	192	3 , 765 \$	457,129.71	\$ 121.42	25.100 \$	2380.88	\$ 3047.53
@PHYSICIANS SERVICES	54	198 \$	11,983.67	\$ 60.52	1.320 \$	221.92	\$ 79.89
OUTPATIENT VISITS	15	22	1,452.01	66.00	.147	96.80	9.68
OFFICE VISITS	6	9	309.10	34.34	.060	51.52	2.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	11	13	1,142.91	87.92	.087	103.90	7.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	25	77	3,187.54	41.40	.513	127.50	21.25
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	25	77	3,187.54	41.40	.513	127.50	21.25
OPHTHALMOLOGICAL SERVICES	1	2	92.79	46.40	.013	92.79	.62
	1	2	92.79	46.40		92.79	.62
EXAMINATIONS	0	0			.013		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	U	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	6	899.02	149.84	.040	179.80	5.99
PRINCIPAL SURGEON	5	6	899.02	149.84	.040	179.80	5.99
ASSISTANT SURGEON	U	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	1_	225.04	225.04	.007	225.04	1.50
PATHOLOGY	2	5	197.74	39.55		98.87	1.32
RADIOLOGY	18	81	5,790.97	71.49	.540	321.72	38.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4	138.56	34.64	.027	34.64	.92
@PHARMACY	97 97 97 73	537 \$	41,338.22	\$ 76.98	3.580 \$		
PRESCRIPTION DRUGS	97	534	41,206.82	77.17	3.560	424.81	274.71
SNF/ICF		444	36 , 144.77	81.41	2.960	495.13	240.97
OUTPATIENTS	25	90	5,062.05	56.25	.600	202.48	33.75
MEDICAL SUPPLIES	2	3	131.40	43.80	.020	65.70	.88
@DENTIST	4	14 \$	194.00	\$ 13.86	.093 \$		
VISITS - DIAGNOSTIC	4	13	139.00	10.69	.087	34.75	.93
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.007	55.00	.37
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO					PAGE 15,558
MODO 24	FFF_FOD_CFDVICE						03/11/05

SONOMA COUNTY	SUMMARY OF SERVICES F	OR	MIA - SC)C -	- LTC		AID CODE					
								M			GE	
150 ELIGIBLES			SERVICE		EXPENDITURES		ERAGE COST					COST PER
	OR I	DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		4	\$	90.30	\$	22.58	.027	\$	90.30	\$.60
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.007		47.45		.32
EYE APPLIANCES	_ 1		3		42.85		14.28	.020		42.85		.29
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	2		6	\$	100.32	\$	16.72	.040	Ċ	50.16	Ċ	.67
	2		6	۲		Ą	16.72		۲	50.16	ې	
VISITS	0				100.32			.040				.67
OTHER SERVICES	U		0	_	.00	_	.00	.000	_	.00	_	.00
@PODIATRIST	3		3	\$	138.40	\$	46.13	.020	Ş	46.13	\$.92
MEDICINE/INJECTIONS	3		3		138.40		46.13	.020		46.13		.92
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		2	\$	98.97	\$	49.49	.013	\$	49.49	\$.66
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	Ś	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		Ö	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ċ	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	22		154	Ċ	3,827.49	Ś	24.85	1.027		173.98	Ś	25.52
	0			۲	-	Ą			۲		ې	
HOSP INPATIENT TOTAL	-		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22		154		3,827.49		24.85	1.027		173.98		25.52
MEDICAL	9		15		666.47		44.43	.100		74.05		4.44
SURGERY	2		2		100.74		50.37	.013		50.37		.67
PATHOLOGY	15		53		777.03		14.66	.353		51.80		5.18
RADIOLOGY	5		9		636.94		70.77	.060		127.39		4.25
ROOM USE	12		13		441.92		33.99	.087		36.83		2.95
CROSSOVERS/ALL OTH OUTPTNT	10		62		1,204.39		19.43	.413		120.44		8.03
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	٣	.00	Ψ	.00	.000	٣	.00	۲	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
	0		0									
ACCOMMODATIONS	•		-		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

SONOMA COUNTY	SUMMARY OF SERV	JICES FOR	MIA - S	SOC - L'	TC		AID CODE	53				
								M	TNC	HLY AVERA	GE	
150 ELIGIBLES	USERS	UNITS OF	SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22		154	\$	3,827.49	\$	24.85	1.027	\$	173.98	\$	25.52
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22		154		3,827.49		24.85	1.027		173.98		25.52
MEDICAL	9		15		666.47		44.43	.100		74.05		4.44
SURGERY	2		2		100.74		50.37	.013		50.37		.67
PATHOLOGY	15		53		777.03		14.66	.353		51.80		5.18
RADIOLOGY	5		9		636.94		70.77	.060		127.39		4.25
ROOM USE	12		13		441.92		33.99	.087		36.83		2.95
CROSSOVERS/ALL OTH OUTPTNT	10		62		1,204.39		19.43	.413		120.44		8.03
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	57	:	2,020	\$	384 , 962.82	\$	190.58	13.467	\$	6753.73	\$	2566.42
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	7		320		44,010.92		137.53	2.133		6287.27		293.41
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	10	283		157,661.73		557.11	1.887		15766.17		1051.08
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,417		183,290.17		129.35	9.447		4582.25		1221.93
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	73	\$	724.51	\$	9.92	.487	\$	32.93	\$	4.83
PATHOLOGY	22	73		724.51		9.92	.487		32.93		4.83
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7	17	\$	1,196.96	\$	70.41	.113	\$	170.99	\$	7.98
CLINIC	1	7		305.63		43.66	.047		305.63		2.04
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	10		891.33		89.13	.067		148.56		5.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	Ρ	AGE 15,560
MOP024	FEE-FOR-SERVICE/DENTA	ΑL									03/14/05

SONOMA COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53 ----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 150 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 29 737 \$ @ALL OTHER PROVIDERS 12,474.05 \$ 16.93 4.913 \$ 430.14 \$ 83.16 3 142.18 47.39 .020 71.09 DURABLE MED. EQUIP. .95 .00 0 BLOOD BANK .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 .000 .00 4.467 245.44 20 MEDICAL TRANSPORTATION 670 4,908.81 7.33 32.73 234.23 3,279.17 AMBULANCES/AIR TRANS 14 449 7.30 2.993 21.86 1.473 221 7.37 271.61 OTHER TRANS 6 1,629.64 10.86 .00 .00 .000 .00 0 .00 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .00 .000 .00 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 16.64 8.32 .013 16.64 OPTICIAN .00 PHYSICAL THERAPIST .00 .000 .00 .00 258.44 PORTABLE X-RAY 32.31 .053 64.61 1.72 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .00 PROSTHETICS .00 .00 .000 .00 ORTHOTICS .00 .00 .000 .00 . 00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES 54 7,147.98 132.37 .360 2382.66 47.65 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 . 00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 0 .00 .00 ALL OTHER PROVIDERS .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,561

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

BONOIRI COONTI	DOINGING OF DERCY	TOED TOIL	11111 ,	000	TIEGITITI		1110 0000	M	ОМТЕ	HLY AVERA	GE	
27 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
_:		OR DAYS						PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	27	011 21110	75	\$	9,462.62	\$	126.17	2.778		350.47	\$	350.47
@PHYSICIANS SERVICES	11		23	\$		\$	106.68	.852		223.06	\$	90.88
OUTPATIENT VISITS	4		5	7	174.62	7	34.92	.185	7	43.66	т.	6.47
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4		4		144.62		36.16	.148		36.16		5.36
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1		1		30.00		30.00	.037		30.00		1.11
INPATIENT VISITS	3		3		111.43		37.14	.111		37.14		4.13
HOSPITAL VISITS	3		3		111.43		37.14	.111		37.14		4.13
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6		12		2,104.55		175.38	.444		350.76		77.95
PRINCIPAL SURGEON	4		4		1,783.14		445.79	.148		445.79		66.04
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2		8		321.41		40.18	.296		160.71		11.90
OUTPATIENT SURGERY	0		n		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	2		2		52.24		26.12	.074		26.12		1.93
PSYCHIATRY	0		۸		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1		1		10.82		10.82	.037		10.82		.40
@PHARMACY	7		12	\$		\$	15.20	.444	\$	26.06	\$	6.76
PRESCRIPTION DRUGS	7		12	٧	182.40	Ÿ	15.20	.444	٧	26.06	Y	6.76
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	7		12		182.40		15.20	.444		26.06		6.76
MEDICAL SUPPLIES	,		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0		0	٧	.00	Ÿ	.00	.000	٧	.00	Y	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		n		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
SINCE MAINIAINENS	O		U		.00		.00	.000		.00		.00

.00 .00 MAXILLOFACIAL SERVICES 0 .00 .000 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,562

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

SONOMA COUNTI	SUMMANT OF SERV	TCES FOR	MIA 3	OC	FILGIANI		AID CODE	N/		III V 717557	CE.	
27 ELIGIBLES	USERS	UNITS OF	CEDUTCE		EXPENDITURES	77.7.7	ERAGE COST	MO				COST PER
Z/ ELIGIBLES	USERS		-		EXPENDITURES			/	5	USER		
@OPTOMETRIST	0	OR DAYS	OF CARE	\$.00	\$	R UNIT/DAY	.000	ċ	.00	ċ	ELIGIBLE .00
-	0		0	Ą		Ą		.000	Ş		ې	
DIAGNOSTIC AND ANC. PROCED	0				.00		.00			.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	U		0	ć	.00	Ċ	.00	.000	ć	.00	<u>_</u>	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Þ	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@PODIATRIST	U		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	Ş	.00	.000		.00		.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1		1	\$	53.79	\$	53.79	.037		53.79	\$	1.99
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	10		23	\$	5,194.35	\$	225.84	.852	\$	519.44	\$	192.38
HOSP INPATIENT TOTAL	4		9		4,814.24		534.92	.333		1203.56		178.31
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4		9		4,814.24		534.92	.333		1203.56		178.31
ACCOMMODATIONS	4		9		1,990.88		221.21	.333		497.72		73.74
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4		9		1,990.88		221.21	.333		497.72		73.74
ANCILLARIES	4		0		2,823.36		.00	.000		705.84		104.57
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8		14		380.11		27.15	.519		47.51		14.08
MEDICAL	1		1		84.78		84.78	.037		84.78		3.14
SURGERY	1		1		19.75		19.75	.037		19.75		.73
PATHOLOGY	1		1		3.68		3.68	.037		3.68		.14
RADIOLOGY	4		5		159.64		31.93	.185		39.91		5.91
ROOM USE	3		3		64.93		21.64	.111		21.64		2.40
CROSSOVERS/ALL OTH OUTPTNT	3		3		47.33		15.78	.111		15.78		1.75
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ō		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DE	C 2004	PAGE 15,563
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE	87		

SONOMA COONII	SOMMAN OF SERV	ICES FOR	MIA 5		INDONANI		AID CODE	M	ONT⊞		CE	
07 51 56 55 56	Hanna		00011100								.GĽ	
27 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS					R UNIT/DAY	_		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10		23	\$	5,194.35	\$	225.84	.852	\$	519.44	\$	192.38
COMM HOSP INPATIENT TOTAL	4		9		4,814.24		534.92	.333		1203.56		178.31
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	4		9		4,814.24		534.92	.333		1203.56		178.31
ACCOMMODATIONS	4		9		1,990.88		221.21	.333		497.72		73.74
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4		9		1,990.88		221.21	.333		497.72		73.74
ANCILLARIES	4		0		2,823.36		.00	.000		705.84		104.57
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	8		14		380.11		27.15	.519		47.51		14.08
MEDICAL	1		1		84.78		84.78	.037		84.78		3.14
SURGERY	⊥ 1		1		19.75		19.75	.037		19.75		.73
	1		1									
PATHOLOGY	1		_ T		3.68		3.68	.037		3.68		.14
RADIOLOGY	4		5		159.64		31.93	.185		39.91		5.91
ROOM USE	3		3		64.93		21.64	.111		21.64		2.40
CROSSOVERS/ALL OTH OUTPTNT	3		3		47.33		15.78	.111		15.78		1.75
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0	-	.00	7	.00	.000	т.	.00	7	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	ċ	.00	\$.00
HOSPITAL BASED	0		0	Ą	.00	Ą	.00	.000	ې	.00	۲	.00
	0		0									
HEMODIALYSIS CENTER	U		0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	U		0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	Ü		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	Ü		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2		3	\$	105.60	\$	35.20	.111	Ş	52.80	\$	3.91
PATHOLOGY	2		3		105.60		35.20	.111		52.80		3.91
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5		13	\$	1,472.82	\$	113.29	.481	\$	294.56	\$	54.55
CLINIC	0		0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	13	1,472.82	113.29	.481	294.56	54.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 15,564
MOP024	FEE-FOR-SERVICE/DENTAI	L					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE 87			

SONOTA COUNTI	DOMESTIC OF DELICE	TCHO FOR MIN DOC	LINDGIVANI	AID CODE	0 /		
					MON	THLY AVERAG	E
27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,565
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

MONIBULLY ALIEDACE

					MON	ITHLY AVERA	GE	
177 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	219	3,840	\$ 466,592.33	\$ 121.51	21.695	2130.56	\$	2636.11
@PHYSICIANS SERVICES	65	221	\$ 14,437.33	\$ 65.33	1.249	222.11	\$	81.57
OUTPATIENT VISITS	19	27	1,626.63	60.25	.153	85.61		9.19
OFFICE VISITS	6	9	309.10	34.34	.051	51.52		1.75
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	15	17	1,287.53	75.74	.096	85.84		7.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	1	1	30.00	30.00	.006	30.00		.17
INPATIENT VISITS	28	80	3 , 298.97	41.24	.452	117.82		18.64
HOSPITAL VISITS	3	3	111.43	37.14	.017	37.14		.63
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	25	77	3,187.54	41.40	.435	127.50		18.01
OPHTHALMOLOGICAL SERVICES	1	2	92.79	46.40	.011	92.79		.52
EXAMINATIONS	1	2	92.79	46.40	.011	92.79		.52
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	6	12	2,104.55	175.38	.068	350.76		11.89
PRINCIPAL SURGEON	4	4	1,783.14	445.79	.023	445.79		10.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	8	321.41	40.18	.045	160.71		1.82
OUTPATIENT SURGERY	5	6	899.02	149.84	.034	179.80		5.08
PRINCIPAL SURGEON	5	6	899.02	149.84	.034	179.80		5.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	1	1	225.04	225.04	.006	225.04		1.27
PATHOLOGY	2	5	197.74	39.55	.028	98.87		1.12
RADIOLOGY	20	83	5,843.21	70.40	.469	292.16		33.01
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	5	5	149.38	29.88	.028	29.88		.84
@PHARMACY	104	549	\$ 41,520.62	\$ 75.63	3.102	399.24	\$	234.58
PRESCRIPTION DRUGS	104	546	41,389.22	75.80	3.085	397.97		233.84
SNF/ICF	73	444	36,144.77	81.41	2.508	495.13		204.21
OUTPATIENTS	32	102	5,244.45	51.42	.576	163.89		29.63
MEDICAL SUPPLIES	2	3	131.40	43.80	.017	65.70		.74
@DENTIST	4	14	\$ 194.00	\$ 13.86	.079	48.50	\$	1.10
VISITS - DIAGNOSTIC	4	13	139.00	10.69	.073	34.75		.79
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00

PERIODONTICS	1	1	55.00	55.00	.006	55.00	.31
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DI	EC 2004	PAGE 15,566
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----177 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER **USERS** UNITS OF SERVICE EXPENDITURES COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 1 90.30 22.58 .023 \$ 90.30 \$.51 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .006 47.45 EYE APPLIANCES 3 42.85 14.28 .017 42.85 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR \$ 100.32 \$ 16.72 .034 \$ 50.16 \$.57 16.72 VISITS 100.32 .034 50.16 .57 OTHER SERVICES 0 .00 .00 .000 .00 .00 138.40 \$ @PODIATRIST 46.13 .017 \$ 46.13 \$.78 MEDICINE/INJECTIONS 138.40 46.13 .017 46.13 .78 .00 .00 .00 SURGERY/ANES. .000 .00 .00 .00 .00 RADIO./PATHOLOGY .000 .00 OTHER .00 .00 .00 .00 .000 98.97 \$ 49.49 \$ @HOME HEALTH AGENCY 49.49 .011 \$.00 \$ NURSE ANESTHESIST .00 \$.00 .000 \$.00 53.79 \$ 53.79 .006 \$ 53.79 NURSE MIDWIFE .00 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 \$.000 \$.00 @TOTAL HOSPITAL 9,021.84 \$ 50.97 1.000 \$ 281.93 \$ 50.97 9 4,814.24 534.92 .051 1203.56 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 1203.56 NON-HSC HOSPITAL TOTAL 4,814.24 534.92 .051 27.20 1,990.88 221.21 .051 497.72 11.25 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .000 .00 .00 221.21 497.72 1,990.88 .051 11.25 ALL OTHER ACCOM 705.84 ANCILLARIES 2,823.36 .00 .000 15.95 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 4,207.60 HOSP OUTPATIENT TOTAL 30 168 25.05 .949 140.25 23.77 10 MEDICAL 16 751.25 46.95 .090 75.13 SURGERY 3 120.49 40.16 .017 40.16 16 780.71 .305 48.79 PATHOLOGY 54 14.46 4.41 9 14 796.58 56.90 .079 88.51 RADIOLOGY 4.50 16 33.79 ROOM USE 15 506.85 31.68 .090 2.86 13 1,251.72 19.26 96.29 CROSSOVERS/ALL OTH OUTPTNT .367 7.07 @COUNTY HOSPITAL TOTAL .00 \$.00 .000 \$.00 S . 00 .00 . 00 CO HOSPITAL INPATIENT TOTAL .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00

ADMINITORDARIUD DAVO	0	0	0.0	0.0	0.00	0.0	0.0
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	C 2004	PAGE 15,567
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

SONOPIA COUNTI	SOMMANI OF SEN	VICES FOR MIA	200	IOIAL					~-	
155					 			THLY AVERA	.GE	
177 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CAF			R UNIT/DAY		_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	177	\$	9,021.84	\$ 50.97	1.000	Ş	281.93	Ş	50.97
COMM HOSP INPATIENT TOTAL	4	9		4,814.24	534.92	.051		1203.56		27.20
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	4	9		4,814.24	534.92	.051		1203.56		27.20
ACCOMMODATIONS	4	9		1,990.88	221.21	.051		497.72		11.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	4	9		1,990.88	221.21	.051		497.72		11.25
ANCILLARIES	4	0		2,823.36	.00	.000		705.84		15.95
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	30	168		4,207.60	25.05	.949		140.25		23.77
MEDICAL	10	16		751.25	46.95	.090		75.13		4.24
SURGERY	3	3		120.49	40.16	.017		40.16		.68
PATHOLOGY	16	54		780.71	14.46	.305		48.79		4.41
RADIOLOGY	9	14		796.58	56.90	.079		88.51		4.50
ROOM USE	15	16		506.85	31.68	.090		33.79		2.86
CROSSOVERS/ALL OTH OUTPTNT	13	65		1,251.72	19.26	.367		96.29		7.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	57	2,020	\$	384,962.82	\$ 190.58	11.412	\$	6753.73	\$	2174.93
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	7	320		44,010.92	137.53	1.808		6287.27		248.65
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	10	283		157,661.73	557.11	1.599		15766.17		890.74
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	40	1,417		183,290.17	129.35	8.006		4582.25		1035.54
@INTERMEDIATE CARE FACILDD	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	•	.00	·	.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
	•	ŭ		• • • •						

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	24	76 \$	830.11	\$	10.92	.429	\$ 34.59	\$	4.69
PATHOLOGY	24	76	830.11		10.92	.429	34.59		4.69
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	30 \$	2,669.78	\$	88.99	.169	\$ 222.48	\$	15.08
CLINIC	1	7	305.63		43.66	.040	305.63		1.73
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	11	23	2,364.15		102.79	.130	214.92		13.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2004	P	AGE 15,568
MOP024	FEE-FOR-SERVICE/DE	NTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR MIA - SOC	: - TOTAL						
						N	MONTHLY AVERA	AGE ·	

					MOI	ALULI AAEVA	.GE
177 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	29	737 \$	12,474.05	\$ 16.93	4.164	\$ 430.14	\$ 70.47
DURABLE MED. EQUIP.	2	3	142.18	47.39	.017	71.09	.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20	670	4,908.81	7.33	3.785	245.44	27.73
AMBULANCES/AIR TRANS	14	449	3,279.17	7.30	2.537	234.23	18.53
OTHER TRANS	6	221	1,629.64	7.37	1.249	271.61	9.21
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.011	16.64	.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	8	258.44	32.31	.045	64.61	1.46
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	54	7,147.98	132.37	.305	2382.66	40.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,569
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00		.0	00	.00	.00
@DENTIST	0	0 \$.00	\$.	.0	00 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00		.0	00	.00	.00
ORAL SURGERY	0	0	.00		.0	00	.00	.00
DRUGS	0	0	.00		.0	00	.00	.00
ANESTHESIA	0	0	.00		.0	00	.00	.00
PERIODONTICS	0	0	.00		.0	00	.00	.00
ENDODONTICS	0	0	.00		.0	00	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.0	00	.00	.00
PROSTHETICS	0	0	.00		.0	00	.00	.00
DENTURES, STAYPLATES	0	0	.00		.0	00	.00	.00
SPACE MAINTAINERS	0	0	.00		.0	00	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.0	00	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.0	00	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.0	00	.00	.00
ALL OTHER SERVICES	0	0	.00		.0	00	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR	JAN 2004 TH	RU DEC 2004		PAGE 15,570
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	E USE					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 0 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 .00 .00 .00 .000 .00 VISITS 0 .00 .00 .00 OTHER SERVICES .000 .00 0 @PODIATRIST .00 .00 .000 \$.00 \$.00 0 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 .00 .00 \$.000 \$.00 @HOME HEALTH AGENCY NURSE ANESTHESIST 0 .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .00 \$.00 .000 Ś .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL 0 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .00 .000 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 SURGERY .00 .000 .00 0 .00 .00 PATHOLOGY .00 .000 .00 0 0 .00 .00 RADIOLOGY .00 .000 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00)	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00)	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00)	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00)	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00)	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00)	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00)	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00)	.00	.000	.00	.00
ANCILLARIES	0	0	.00)	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00)	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00)	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00)	.00	.000	.00	.00
MEDICAL	0	0	.00)	.00	.000	.00	.00
SURGERY	0	0	.00)	.00	.000	.00	.00
PATHOLOGY	0	0	.00)	.00	.000	.00	.00
RADIOLOGY	0	0	.00)	.00	.000	.00	.00
ROOM USE	0	0	.00)	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00)	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 20	04 THRU DE	C 2004	PAGE 15,571
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	E USE					
					_	MON	THLY AVERAGE	E

					MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2	004 THRU	DEC	2004	PAC	GE 15 , 572
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR FOR FUT	URE USE								

							1.1	ONTINEE TIVELO	ш	
00 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDIT	URES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CAR	E			PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00	.00	.000	.00		.00
BLOOD BANK	0	0			.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0			.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00		.00
OTHER TRANS	0	0			.00	.00	.000	.00		.00
OTHER SERVICES	0	0			.00	.00	.000	.00		.00
ACUPUNCTURE	0	0			.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		.00
OPTICIAN	0	0			.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00		.00
PROSTHETICS	0	0			.00	.00	.000	.00		.00
ORTHOTICS	0	0			.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
A* TOTALS IN THESE LINES ARE CIT	JEN AS A SEDARAT	F THEORMATION	ттгм	ONT.V.						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	THLY AVERAG	E
1,187 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,312 523 223	11,799 \$	1,286,601.63	\$ 109.04	9.940 \$	980.64	\$ 1083.91
@PHYSICIANS SERVICES	523	1,810 \$	107,844.15	\$ 59.58	1.525 \$	206.20	\$ 90.85
OUTPATIENT VISITS	223	387	17,306.23	44.72	.326	77.61	14.58
OFFICE VISITS	86	115	3,500.48	30.44	.097	40.70	2.95
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	84	105	6,200.93	59.06	.088	73.82	5.22
PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.04
OB VISITS/COMPRE PERI	66	154	7,292.93	47.36	.130	110.50	6.14
OTHER OUTPATIENT	11	12	266.56	22.21	.010	24.23	.22
INPATIENT VISITS	91	270	17,072.14	63.23	.227	187.61	14.38
HOSPITAL VISITS	62	120	5,640.17	47.00	.101	90.97	4.75
CRITICAL CARE	5	73	8,244.43	112.94	.061	1648.89	6.95
SNF/ICF/TRANS IP CARE	25	77	3,187.54	41.40	.065	127.50	2.69
OPHTHALMOLOGICAL SERVICES	2	3	139.23	46.41	.003	69.62	.12
EXAMINATIONS	2	3	139.23	46.41	.003	69.62	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	110	671	49,749.99 38,457.83	74.14	.565	452.27	41.91
PRINCIPAL SURGEON	58	62	38,457.83	620.29	.052	663.07	32.40
ASSISTANT SURGEON	4	4	711.70	177.93	.003	177.93	.60
ANESTHESIOLOGIST	59	605	10,580.46	17.49	.510	179.33	8.91
OUTPATIENT SURGERY	37	60	5,282.66	88.04	.051	142.77	4.45
PRINCIPAL SURGEON	34	40	4,753.23	118.83	.034	139.80	4.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	529.43	26.47	.017	132.36	.45
DIALYSIS	1	1	225.04	225.04	.001	225.04	.19
PATHOLOGY	1 71	103	2,122.74	20.61	.087	29.90	1.79
RADIOLOGY	168	259	12,386.32	47.82	.218	73.73	10.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	8	392.09	49.01	.007	65.35	.33
OTHER SERVICES/ALL X-OVERS	45	48	3 , 167.71	65.99	.040	70.39	2.67
@PHARMACY	379 373 73 301	1 , 290 \$	69 , 728.46	\$ 54.05	1.087 \$		•
PRESCRIPTION DRUGS	373	1,104	66,469.38	60.21	.930	178.20	56.00
SNF/ICF	73	444	36,144.77	81.41	.374	495.13	30.45
OUTPATIENTS		660	30,324.61	45.95	.556	100.75	25.55
MEDICAL SUPPLIES	22	186	3 , 259.08	17.52	.157	148.14	2.75
@DENTIST	39	144 \$	5,132.00	\$ 35.64	.121 \$		
VISITS - DIAGNOSTIC	30	91	1,569.00	17.24	.077	52.30	1.32
ORAL SURGERY	1	2	165.00	82.50	.002	165.00	.14
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.001	55.00	.05
ENDODONTICS	2	2	475.00	237.50	.002	237.50	.40
RESTORATIVE DENTISTRY	13	45	2,278.00	50.62	.038	175.23	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	590.00	196.67	.003	295.00	.50
SPACE MAINTAINERS	Ü	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	SPORT FOR JAN 2	2004 THRU DEC	_ ∠∪∪4	PAGE 15,574

FEE-FOR-SERVICE/DENTAL

03/14/05

SONOTA COUNTI	DOMMANT OF BEIN	VICES FOR	ппртсипп	1 111010	BENI ADOLIS	10	IAL					
								Mo	ГИС	HLY AVERA	GΕ	
1,187 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	12		42	\$	862.95	\$	20.55	.035	\$	71.91	\$.73
DIAGNOSTIC AND ANC. PROCED	10		12		434.45		36.20	.010		43.45		.37
EYE APPLIANCES	11		30		428.50		14.28	.025		38.95		.36
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	4		13	\$	217.36	\$	16.72	.011	\$	54.34	\$.18
VISITS	4		13		217.36		16.72	.011		54.34		.18
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	3		3	\$	138.40	\$	46.13	.003	\$	46.13	\$.12
MEDICINE/INJECTIONS	3		3		138.40		46.13	.003		46.13		.12
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	31		52	\$	2,992.10	\$	57.54	.044	\$	96.52	\$	2.52
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	137	-	1,506	\$	32,110.80	\$	21.32	1.269	\$	234.39	\$	27.05
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	467	(3 , 056	\$	608,842.51	\$	199.23	2.575	\$	1303.73	\$	512.93
HOSP INPATIENT TOTAL	88		374		540,097.51		1444.11	.315		6137.47		455.01
HSC HOSPITALS	1		3		2,679.00		893.00	.003		2679.00		2.26
NON-HSC HOSPITAL TOTAL	87		371		537,418.51		1448.57	.313		6177.22		452.75
ACCOMMODATIONS	87		371		222,054.23		598.53	.313		2552.35		187.07
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	87		371		222,054.23		598.53	.313		2552.35		187.07
ANCILLARIES	87		0		315,364.28		.00	.000		3624.88		265.68
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	428	2,682		68,745.00	25.63	2.259	160.62	57.91
MEDICAL	86	123		4,877.46	39.65	.104	56.71	4.11
SURGERY	53	73		2,611.69	35.78	.061	49.28	2.20
PATHOLOGY	211	944		11,503.51	12.19	.795	54.52	9.69
RADIOLOGY	109	127		8,769.68	69.05	.107	80.46	7.39
ROOM USE	254	445		15,492.36	34.81	.375	60.99	13.05
CROSSOVERS/ALL OTH OUTPINT	201	970		25,490.30	26.28	.817	126.82	21.47
@COUNTY HOSPITAL TOTAL	9	85	\$	2,112.70	\$ 24.86	.072	\$ 234.74	\$ 1.78
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	85		2,112.70	24.86	.072	234.74	1.78
MEDICAL	4	7		542.20	77.46	.006	135.55	.46
SURGERY	2	3		112.37	37.46	.003	56.19	.09
PATHOLOGY	7	47		596.16	12.68	.040	85.17	.50
RADIOLOGY	1	2		48.37	24.19	.002	48.37	.04
ROOM USE	6	12		552.91	46.08	.010	92.15	.47
CROSSOVERS/ALL OTH OUTPINT	8	14		260.69	18.62	.012	32.59	.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT REF	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 15,575
MOP024	FEE-FOR-SERVICE/DENTA	L						03/14/05

----- MONTHLY AVERAGE -----1,187 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 606,729.81 \$ 204.22 @COMMUNITY HOSPITAL TOTAL 459 2,971 \$ 2.503 \$ 1321.85 \$ 511.15 1444.11 .315 374 COMM HOSP INPATIENT TOTAL 88 540,097.51 6137.47 455.01 2679.00 HSC HOSPITALS 1 3 2,679.00 893.00 .003 .313 6177.22 NON-HSC HOSPITALS TOTAL 371 537,418.51 1448.57 452.75 ACCOMMODATIONS 371 222,054.23 598.53 .313 2552.35 187.07 0 .00 .000 ADMINISTRATIVE DAYS 0 .00 .00 .00 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 87 371 222,054.23 598.53 .313 2552.35 187.07 ALL OTHER ACCOM 0 .000 ANCILLARIES 315,364.28 .00 3624.88 265.68 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 0 0 .00 .00 .000 .00 ALL OTHER INPATIENT 2.188 COMM HOSP OUTPATIENT TOTAL 419 2,597 66,632.30 25.66 159.03 56.14 52.87 116 4,335.26 37.37 .098 MEDICAL SURGERY 51 70 2,499.32 35.70 .059 49.01 2.11 53.47 204 897 10,907.35 12.16 .756 PATHOLOGY 9.19 108 125 69.77 .105 RADIOLOGY 8,721.31 80.75 248 433 14,939.45 34.50 .365 60.24 ROOM USE 12.59 193 956 25,229.61 26.39 130.72 CROSSOVERS/ALL OTH OUTPINT .805 21.25 0 .00 \$.00 .000 \$.00 \$ @STATE HOSPITAL 0 0 .00 MENTALLY ILL .00 .00 .000 .00 .00 .00 .00 DEVELOP. DISABLED Ω .000 . 00 2,020 384,962.82 \$ 190.58 1.702 \$ 6753.73 \$ @NURSING FACILITY 0 .00 .00 LEV A-INTERMEDIATE 0 .00 .000 .00 320 .270 6287.27 37.08 LEV B-REHAB MD 44,010.92 137.53 LEV B-SUBACUTE FREESTANDING .00 .000 .00

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

SONOMA COUNTY

LEV B-SUBACUTE HSPTL BASED	10	283		157,661.73		557.11	.238		15766.17		132.82
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,417		183,290.17		129.35	1.194		4582.25		154.41
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	188	482	\$	6,523.45	\$	13.53	.406	\$	34.70	\$	5.50
PATHOLOGY	188	482		6 , 523.45		13.53	.406		34.70		5.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	193	549	\$	43,076.85	\$	78.46	.463	\$	223.20	\$	36.29
CLINIC	61	282		11,223.41		39.80	.238		183.99		9.46
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	132	267		31,853.44		119.30	.225		241.31		26.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 15,576
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	MEDICA	ALLY	INDIGENT - ADULTS -	- TOT	'AL					

----- MONTHLY AVERAGE -----1,187 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 78 832 \$ 29.05 .701 \$ 309.87 \$ 20.36 24,169.78 3 142.18 47.39 71.09 DURABLE MED. EQUIP. .003 .12 .00 0 BLOOD BANK .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 31 MEDICAL TRANSPORTATION 717 5,771.53 8.05 .604 186.18 25 4,141.89 165.68 3.49 AMBULANCES/AIR TRANS 496 8.35 .418 221 OTHER TRANS 6 1,629.64 7.37 .186 271.61 1.37 0 .00 .00 .00 .000 .00 OTHER SERVICES ACUPUNCTURE 3 59.47 19.82 .003 59.47 .05 .00 ADULT DAY HEALTH CARE CTR 0 .00 .000 .00 .00 21 2,205.00 105.00 .018 105.00 GENETIC DISEASE TESTING 1.86 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 18.44 129.08 8.61 .013 OPTICIAN .11 0 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 258.44 32.31 .007 64.61 .22 .00 .00 .00 .000 PROSTHETIST/ORTHOTISTS .00 PROSTHETICS .00 .00 .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST 0 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES 54 7,147.98 132.37 .045 2382.66 6.02 937.79 937.79 NONINST BIRTHING CENTERS 8,440.08 .008 7.11 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. 0 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 2 16.02 .002 8.01 ALL OTHER PROVIDERS 8.01 .01 @CALIF. CHILDREN SERVICES* 78,280.86 \$ 1373.35 .048 \$ 15656.17 \$ 65.95

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,577

MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR ALL AGED

----- MONTHLY AVERAGE -----

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	14	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	04 THRU DEC	2004	PAGE 15,578
MOP024	FEE-FOR-SERVICE / DENTA	т.					03/14/05

STATE STAT	MOPUZ4	FEE-FOR-SERVIC								03/14/05
SO,400 ELIGIBLES	SONOMA COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	ID			MO	ת מתווד זו אווחוד.	CE	
COPTOMERIET TOUR PER DILLY PER DILLY DISER SIGNIFICATION CORNES CONTRIBUTION C	FO ACO ELICIPIES	HOEDO	INITEC OF CERTICE		EVDENDIBLIDEC	ATTEDACE COCH			GE.	COCH DED
QOPTOMETRIET	50,400 ELIGIBLES	USEKS			EXPENDITURES					
DIAGNOSTIC AND ANC. REOCED 94 100 3,979.74 39,80 0.02 42,34 0.8 EYRA APPLIANCES 622 1,932 31,654.91 16,38 0.38 50.89 6.3 OTHER OFTOMETRIC SERVICES 90 141 2,475.89 17.56 0.03 30,95 0.5 OTHER OFTOMETRIC SERVICES 90 141 2,475.89 17.56 0.03 30,95 0.5 OTHER SERVICES 90 141 2,475.89 17.56 0.00 38.46 0.00 VISITS 2 7 108.68 15.73 0.00 54.34 0.00 OTHER SERVICES 1,891 3,307 8 22,328.87 6.675 0.00 52.87 0.00 PODIBIRIST 1,891 3,307 8 22,328.87 6.75 0.06 6 11.77 0.00 PODIBIRIST 1,891 3,307 8 22,328.87 0.00 0.00 0.00 0.00 RADIOL/PATHOLOGY 0 0 0 0 0.00 0.00 0.00 0.00 RADIOL/PATHOLOGY 0 0 0 0 0.00 0.00 0.00 0.00 PODIBIRIST 1,891 3,307 3 2,328 3 6 6 0.65 11.70 4.43 PHOME HEALTH AGENCY 42 189 8 13,078.68 8 69.20 0.04 5 31.40 8 0.26 NURSE MESTHESIST 3 8 5 12.54 5 1.57 0.00 5 0.00 NURSE MIDWIFE 0 0 0 5 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 0 0 5 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 0 0 5 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 3 5 100.83 5 33.61 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 5 20.93 33.61 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 5 5 0.00 5 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 5 20.93 33.61 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 5 20.93 33.61 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 5 0.00 5 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 5 0.00 5 0.00 5 0.00 5 0.00 5 0.00 PEDIATRIC NURSE FRACTITIONER 3 5 0.00 5 0.00	AODHOMEHD I CH	700			20 110 E4				ċ	
EYE APPLIANCES 622 1,932 31,654,91 16.38 .038 50.99 .63 CHIROPRACTOR 5 12 \$ 192,28 \$ 16.02 .000 \$ 38,46 \$.00 OTHER SERVICES 3 5 12 \$ 192,28 \$ 16.02 .000 \$ 24,44 0.00 OTHER SERVICES 3 5 3 5 831.60 16.72 .000 27,87 .00 OFOLDARISTIC 1,861 3,307 \$ 22,328.67 \$ 6.75 .066 \$ 1.87 4.44 MEDICINE/INJECTIONS 7 16 410.38 25.65 .000 \$ 56.63 .01 SIRGREY/ANES. 0 <td></td> <td></td> <td></td> <td>Ą</td> <td></td> <td></td> <td></td> <td></td> <td>Ş</td> <td></td>				Ą					Ş	
OTHER OPTOMERTIC SERVICES 80 141 2,475,89 17.56 .003 30.95 .05 CHIROPRACTOR 5 12 \$ 192.28 \$16.02 .000 \$3.46 \$.000 VISITS 2 7 108.68 15.53 .000 \$54.34 .000 PROGRAMMENT 1,881 3,307 \$ 22,328.87 \$ 6.75 .066 \$ 11.87 \$.444 MEDICINE/INJECTIONS 7 16 40.08 25.65 .000 58.63 .01 SUNGERY/ANES. 0 0 0 .00 .00 .00 .00 .00 .00 .00 RADIOL/RATHOLOCY 0 0 0 .00 .00 .00 .00 .00 .00 ARIOL/RATHOLOCY 0 0 0 .00 .00 .00 .00 .00 .00 PARTHELITH AGENCY 42 189 \$ 13,076.88 \$ 6.75 .066 \$ 11.70 .43 SUNGERY/ANES. 3 8 13,076.88 \$ 6.75 .066 \$ 11.70 .43 SUNGERY/ANES. 0 0 0 0 .00 .00 .00 .00 .00 .00 PARTHLY MIRES PRACTITIONER 3 8 8 13,076.88 \$ 6.75 .000 \$ 11.40 \$ 5.25 MURBE AMEDITIES 3 8 8 13,076.88 \$ 6.70 .001 \$ 11.40 \$ 5.25 MURBE AMEDITIES 3 8 8 12.54 \$ 1.57 .000 \$ 11.40 \$ 5.25 MURBE AMEDITIES 3 8 8 12.54 \$ 1.57 .000 \$ 11.40 \$ 5.25 MURBE AMEDITIES 3 8 8 12.54 \$ 1.57 .000 \$ 3.11 \$ 5 .00 PARTHLY NURSE PRACTITIONER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
CHINDPRACTOR			•							
OTHER SERVICES 3 5 8.3.60 16.72 .000 27.87 .000 GPODIATRIST 1,881 3,307 \$ 22,328.87 \$ 6.75 .006 \$ 11.87 \$.44 MEDICINE/INJECTIONS 7 16 410.38 25.65 .000 58.63 .01 SURGERY/ANES. 0 0 0 .00 .00 .00 .00 .00 .00 .00 RADIOL/PATRIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OTHER 1,874 3,291 21,918.49 6.66 .065 11.70 .43 BHOME HEALTH AGENCY 42 189 \$ 10,768 \$ 69.20 .004 \$ 311.40 \$.26 NURGE MINSTESSIT 3 8 \$ 12.54 \$ 1.57 .000 \$ 4.18 \$.00 NURGE MINSTESSIT 3 8 \$ 12.54 \$ 1.57 .000 \$ 4.18 \$.00 REDIATRIC NURSE PRACTITIONER 0 0 5 .000 .000 .000 \$.00 \$.00 FEDITARIC NURSE PRACTITIONER 3,257 15.106 \$ 2,713,000.34 \$ 11.96 .00 \$ 3.60 \$ 5.00 FOR TAMILY NURSE PRACTITIONER 3,257 15.106 \$ 2,713,000.34 \$ 11.96 .00 \$ 3.60 \$ 5.00 FOR HOSPITALS TOTAL 655 888 2,358,718.63 2749.32 .017 3601.60 \$ 5.00 HOSP HOSPITALS TOTAL 133 663 1,606,750.70 2460.57 .013 12080.83 31.44 ACCOMMODATIONS 132 663 4,900.44 1495.08 .004 1229.62 6.07 NON-HSC HOSPITALS DAYS 3 5 5 960.13 192.03 .000 320.04 .000 ALL OTHER ACCOM 130 648 499,101.48 1757.74 .013 3777.04 9.73 ANCILLARISES 499 0 445,677.49 .00 .00 .000 831.77 .22 INPATIENT CROSSOVERS 499 0 445,677.49 .00 .000 831.77 .22 INPATIENT CROSSOVERS 499 0 445,677.49 .00 .000 831.77 .02 ALL OTHER RACCOM 130 648 499,101.48 757.74 .013 3777.04 9.73 ANCILLARISES 133 0 1.11,775.76 .00 .000 831.77 .02 REDIATION CROSSOVERS 499 0 445,677.49 .00 .000 831.77 .02 HOSP CUTPATIENT TOTAL 1,512 4,248 354,981.91 24.91 .22 101.08 7.03 INPATIENT CROSSOVERS 499 0 445,677.49 .00 .000 831.77 .02 REDIATION CROSSOVERS 499 0 445,677.49 .00 .000 831.77 .02 REDIATION CROSSOVERS 499 0 445,677.49 .00 .000 .000 .000 .000 .000 HOSP CUTPATIENT TOTAL 1,515 .000 .000 .000 .000 .000 .000 .000 .				ċ					ċ	
OTHER SERVICES	-	_		۲					۲	
SPODIATRIST										
MEDICINE/INJECTIONS		-		Ġ					Ċ	
SURGERY/ANES. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	•	Y		•			Y	
RADIO./PATHOLOGY		•								
OTHER 1,874		•	•							
BHOME HEALTH AGENCY		*	•							
NURSE ANESTHERISTS		•		Ġ					Ġ	
NURSE MIDWIFE 0 0 0 \$.0	• -			Ś		•				
PEDIATRIC NURSE PRACTITIONER 0						•				
PAMILY NURSE PRACTITIONER		•				•				
## BOSP INPATIENT TOTAL		•	•							
HOSP INPATIENT TOTAL HSC HOSPITALS S 25 BS8 A358,918.63 BS7,948.63				Ś						
HSC HOSPITALS	-		•	т					Τ.	
NON-HSC HOSPITAL TOTAL										
ACCOMMODATIONS 132 653 491,974.94 753.41 .013 3727.08 9.75 ADMINISTRATIVE DAYS 3 5 960.13 192.03 .000 320.04 .02 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00										
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O										
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
ALL OTHER ACCOM ANCILLARIES 133 0 1,114,775.76 0.0 0.00 8381.77 22.09 INPATIENT CROSSOVERS 499 0 445,677.49 0.0 0.00 0.00 8381.77 22.09 ALL OTHER INPATIENT 0 0 0 0 445,677.49 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.		0	0		.00	.00	.000	.00		.00
ANCILLARIES 133 0 1,114,775.76 .00 .00 8381.77 22.09 INPATIENT CROSSOVERS 499 0 445,677.49 .00 .00 .000 893.14 8.83 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	130	648		491,014.81	757.74		3777.04		9.73
INPATIENT CROSSOVERS	ANCILLARIES	133	0			.00	.000	8381.77		22.09
HOSP OUTPATIENT TOTAL 3,512 14,248 354,981.91 24.91 .282 101.08 7.03 MEDICAL 445 653 21,561.39 33.02 .013 48.45 .43 SURGERY 82 92 5,057.18 54.97 .002 61.67 .10 PATHOLOGY 382 1,686 20,416.44 12.11 .033 53.45 .40 RADIOLOGY 289 434 34,385.26 79.23 .009 118.98 .68 ROOM USE 377 506 20,642.13 40.79 .010 54.75 .41 CROSSOVERS/ALL OTH OUTPTNT 2,817 10,877 252,919.51 23.25 .216 89.78 5.01 CCOUNTY HOSPITAL TOTAL 15 50 \$ 5,250.41 \$ 105.01 .001 \$ 350.03 \$ 1.0 CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .000 1917.00 .08 HSC HOSPITALS 2 3 3,834.00 1278.00 .000 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 ANDINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 ANDILLARIES 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	499	0			.00	.000	893.14		8.83
HOSP OUTPATIENT TOTAL 3,512 14,248 354,981.91 24.91 .282 101.08 7.03 MEDICAL 445 653 21,561.39 33.02 .013 48.45 .43 .43 .445 .43 .445 .	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
SURGERY 82 92 5,057.18 54.97 .002 61.67 .10 PATHOLOGY 382 1,686 20,416.44 12.11 .033 53.45 .40 RADIOLOGY 289 434 34,385.26 79.23 .009 118.98 .68 ROOM USE 377 506 20,642.13 40.79 .010 54.75 .41 CROSSOVERS/ALL OTH OUTPTNT 2,817 10,877 252,919.51 23.25 .216 89.78 5.01 @COUNTY HOSPITAL TOTAL 15 50 \$ 5,250.41 \$ 105.01 .001 \$ 350.03 \$.10 CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .000 1917.00 .08 HSC HOSPITALS 2 3 3,834.00 1278.00 .000 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 <td< td=""><td></td><td>3,512</td><td>14,248</td><td></td><td>354,981.91</td><td>24.91</td><td>.282</td><td>101.08</td><td></td><td>7.03</td></td<>		3,512	14,248		354,981.91	24.91	.282	101.08		7.03
PATHOLOGY 382 1,686 20,416.44 12.11 .033 53.45 .40 RADIOLOGY 289 434 34,385.26 79.23 .009 118.98 .68 ROOM USE 377 506 20,642.13 40.79 .010 54.75 .41 CROSSOVERS/ALL OTH OUTPTNT 2,817 10,877 252,919.51 23.25 .216 89.78 5.01 @COUNTY HOSPITAL TOTAL 15 50 \$ 5,250.41 \$ 105.01 .001 \$ 350.03 \$ 10 CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .000 1917.00 .08 HSC HOSPITALS TOTAL 0 0 .00	MEDICAL	445	653		21,561.39	33.02	.013	48.45		.43
RADIOLOGY 289 434 34,385.26 79.23 .009 118.98 .68 ROOM USE 377 506 20,642.13 40.79 .010 54.75 .41 CROSSOVERS/ALL OTH OUTPTNT 2,817 10,877 252,919.51 23.25 .216 89.78 5.01 @COUNTY HOSPITAL TOTAL 15 50 \$ 5,250.41 \$ 105.01 .001 \$ 350.03 \$.10 CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .000 1917.00 .08 HSC HOSPITALS 2 3 3,834.00 1278.00 .000 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 0 0 1.00 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 0 .00 .000 .000 .000 .000 ADMINISTRATIVE DAYS 0 0 0 0 .00 .000 .000 .000 .000 ALL OTHER ACCOM 0 0 0 0.00 .000 .000 .000 .000 ANCILLARIES 0 0 0 0 0.00 .000 .000 .000 .000 INPATIENT CROSSOVERS 0 0 0 0 .00 .000 .000 .000 .000 INPATIENT CROSSOVERS 0 0 0 0 0.00 .000 .000 .000 .000	SURGERY	82	92		5,057.18	54.97	.002	61.67		.10
ROOM USE 377 506 20,642.13 40.79 .010 54.75 .41 CROSSOVERS/ALL OTH OUTPTNT 2,817 10,877 252,919.51 23.25 .216 89.78 5.01 @COUNTY HOSPITAL TOTAL 15 50 \$ 5,250.41 \$ 105.01 .001 \$ 350.03 \$.10 CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .000 1917.00 .08 HSC HOSPITALS 2 3 3,834.00 1278.00 .000 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS 0 0 .00	PATHOLOGY	382	1,686			12.11	.033	53.45		.40
CROSSOVERS/ALL OTH OUTPTNT 2,817 10,877 252,919.51 23.25 .216 89.78 5.01 @COUNTY HOSPITAL TOTAL 15 50 \$ 5,250.41 \$ 105.01 .001 \$ 350.03 \$.10 CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .000 1917.00 .08 HSC HOSPITALS 2 3 3,834.00 1278.00 .000 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 .00	RADIOLOGY	289	434		34,385.26	79.23	.009	118.98		.68
©COUNTY HOSPITAL TOTAL 15 50 \$ 5,250.41 \$ 105.01 .001 \$ 350.03 \$.10 CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .000 1917.00 .08 HSC HOSPITALS 2 3 3,834.00 1278.00 .000 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 .00	ROOM USE		506					54.75		.41
CO HOSPITAL INPATIENT TOTAL 2 3 3,834.00 1278.00 .00 1917.00 .08 HSC HOSPITALS 2 3 3,834.00 1278.00 .00 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 .00	CROSSOVERS/ALL OTH OUTPTNT	2,817	10,877			23.25	.216	89.78		5.01
HSC HOSPITALS 2 3 3,834.00 1278.00 .000 1917.00 .08 NON-HSC HOSPITALS TOTAL 0 0 .00	@COUNTY HOSPITAL TOTAL			\$	5,250.41	\$ 105.01	.001	350.03	\$.10
NON-HSC HOSPITALS TOTAL 0 0 .00	CO HOSPITAL INPATIENT TOTAL									.08
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00										
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		_								
TRANSITIONAL IP CARE 0 0 .00 <td>ACCOMMODATIONS</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ACCOMMODATIONS	•								
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		•	0							
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 inpatient crossovers 0 0 0 .00 .00 .00 .00 .00										
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00		•								
		*								
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00		*								
	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

CO HOSP OUTPATIENT TOTAL	13	47	1,416.41	30.14	.001	108.95	.03
MEDICAL	2	6	354.61	59.10	.000	177.31	.01
SURGERY	2	2	231.40	115.70	.000	115.70	.00
PATHOLOGY	2	20	163.73	8.19	.000	81.87	.00
RADIOLOGY	1	2	33.97	16.99	.000	33.97	.00
ROOM USE	4	6	215.76	35.96	.000	53.94	.00
CROSSOVERS/ALL OTH OUTPINT	10	11	416.94	37.90	.000	41.69	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 15,579
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR ALL AGED					
					MO	NTHLY AVERA	GE
50,460 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,942	15,056 \$	2,708,650.13		.298	\$ 687.13	\$ 53.68
COMM HOSP INPATIENT TOTAL	653	855	2,355,084.63			3606.56	46.67
HSC HOSPITALS	23	202	302,656.44	1498.30	.004	13158.98	6.00
NON-HSC HOSPITALS TOTAL	133	653	1,606,750.70	2460.57	.013	12080.83	31.84
ACCOMMODATIONS	132	653	491,974.94		.013	3727.08	9.75
ADMINISTRATIVE DAYS	3	5	960.13	192.03	.000	320.04	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	130	648	491,014.81		.013	3777.04	9.73
ANCILLARIES	133	0	1,114,775.76	.00	.000	8381.77	22.09
INPATIENT CROSSOVERS	499	0	445,677.49	.00	.000	893.14	8.83
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,499	14,201	353,565.50		.281	101.05	7.01
MEDICAL	443	647	21,206.78	32.78	.013	47.87	.42
SURGERY	80	90	4,825.78		.002	60.32	.10
PATHOLOGY	380	1,666	20,252.71		.033	53.30	.40
RADIOLOGY	288	432	34,351.29	79.52	.009	119.28	.68
ROOM USE	373	500	20,426.37		.010	54.76	.40
CROSSOVERS/ALL OTH OUTPINT	,	10,866	252 , 502.57		.215	89.95	5.00
@STATE HOSPITAL	31	1,010 \$	511,931.99	\$ 506.86	.020	\$ 16513.94	\$ 10.15

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	31	1,010				506.86	.020		16513.94		10.15
@NURSING FACILITY	8,316	242,145	\$		\$			\$	3401.21	\$	560.53
LEV A-INTERMEDIATE	7	271		27 , 716.68		102.28	.005		3959.53		.55
LEV B-REHAB MD	23	689		72 , 399.68		105.08	.014		3147.81		1.43
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	53		39,674.01		748.57	.001		19837.01		.79
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	8,286	241,132		28,144,636.54		116.72	4.779		3396.65		557.76
@INTERMEDIATE CARE FACILDD	49	1,538	\$		\$	163.66	.030	\$	5136.95	\$	4.99
ICF DDH	36	1,097		169,371.24		154.39	.022		4704.76	·	3.36
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	13	441		82,339.41		186.71	.009		6333.80		1.63
@HEMODIALYSIS TOTAL	218	3,585	\$	260,046.74	Ś			Ś	1192.87	Ś	5.15
HOODERST DIGER	0	0	т	.00	Ψ.	.00	.000	т	.00	т	.00
HEMODIALYSIS CENTER	218	3,585		260,046.74		72.54	.071		1192.87		5.15
@REHABILITATION FACILITY	3	5 , 505	\$	156.71	\$.000	Ċ		Ċ	.00
HOSPITAL BASED	3	6	Ÿ	156.71	Ÿ	26.12	.000	Y	52.24	Y	.00
	0	0				.00	.000		.00		
INDEPENDENT FACILITY	7		Ċ	.00	Ċ			Ċ		Ċ	.00
@LABORATORY FACILITY	400	1,897	\$		\$.038	Ş		Ş	.40
PATHOLOGY	388	1,865		20,013.73		10.73	.037		51.58		.40
XO AND OTHERS	12	32		268.85		8.40	.001		22.40		.01
@ORGANIZED OUTPATIENT CLINIC	3,413	5,544	\$	346,707.91				Ş	101.58	Ş	6.87
CLINIC	5	11		650.68		59.15	.000		130.14		.01
SURGICENTER	115	151		25,731.63		170.41	.003		223.75		.51
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,299	5 , 382		320 , 325.60		59.52	.107		97.10		6.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	TES AND EXPENDITUE	RES M	ONTH-OF-PAYMENT RE	EPORT	' FOR JAN	2004 THRU	DEC	2004	P	AGE 15,580
		,		.014111 01 11111111111111111111111111111							
MOP024	FEE-FOR-SERVICE								2001		03/14/05
MOP024 SONOMA COUNTY	FEE-FOR-SERVICE								2001		
	FEE-FOR-SERVICE	E/DENTAL					M				03/14/05
	FEE-FOR-SERVICE	E/DENTAL	ED					ONT	HLY AVERA	.GE	03/14/05
SONOMA COUNTY 50,460 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR ALL AGE	ED		AVE	RAGE COST	M	ONT S	HLY AVERA	.GE	03/14/05
SONOMA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL FICES FOR ALL AGE UNITS OF SERVICE	ED		AVE	RAGE COST	M UNITS/DAY PER ELIG 5.273	ONT S	HLY AVERA COST PER USER	.GE	03/14/05 COST PER
SONOMA COUNTY 50,460 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE	ED E	EXPENDITURES	AVE PEF	RAGE COST	M UNITS/DAY PER ELIG	ONT S	HLY AVERA COST PER USER	.GE	03/14/05 COST PER ELIGIBLE
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087	ED E	EXPENDITURES 2,587,046.62	AVE PEF	GRAGE COST R UNIT/DAY 9.72	M UNITS/DAY PER ELIG 5.273	ONT S	HLY AVERA COST PER USER 425.78	.GE	03/14/05 COST PER ELIGIBLE 51.27
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00	AVE PEF	CRAGE COST CUNIT/DAY 9.72 119.80 .00	M UNITS/DAY PER ELIG 5.273 .032 .000	ONT S	HLY AVERA COST PER USER 425.78 582.47	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40	AVE PEF	CRAGE COST CUNIT/DAY 9.72 119.80 .00 185.68	M UNITS/DAY PER ELIG 5.273 .032 .000	ONT S	HLY AVERA COST PER USER 425.78 582.47 .00 291.02	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47	AVE PEF	CRAGE COST CUNIT/DAY 9.72 119.80 .00 185.68 3.60	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867	ONT S	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12
SONOMA COUNTY 50,460 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44	AVE PEF	CRAGE COST CUNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008	ONT S	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13
SONOMA COUNTY 50,460 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93	AVE PEF	CRAGE COST CUNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55	.GE	03/14/05
SONOMA COUNTY 50,460 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10	AVE PEF	RAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02	M VUNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99	.GE	03/14/05
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58	AVE PEF	RAGE COST 2 UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77	M VUNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66	.GE	03/14/05
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92	AVE PEF	RAGE COST 2 UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65	M VUNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92	AVE PEF	RAGE COST 2 UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00	.GE	03/14/05
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98	AVE PEF	RAGE COST 2 UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87	M VUNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53	.GE	03/14/05
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98	AVE PEF	RAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60	AVE PEF	RAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81	AVE PEF	GRAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40 .00
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724 1 160	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69	AVE PEF	GRAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40 .00 .00
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724 1 160 7	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266 17	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69 1,531.13	AVE PEF	GRAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85 90.07	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42 218.73	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40 .00 .00 .00
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724 1 160 7	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266 17 17	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69 1,531.13 1,531.13	AVE PEF	GRAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85 90.07 90.07	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42 218.73 218.73	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40 .00 .00 .00 .03 .03
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	### FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266 17 17	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69 1,531.13 1,531.13	AVE PEF	GRAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85 90.07 90.07	M UNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000 .005 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42 218.73 218.73	.GE	03/14/05
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724 1 160 7 7 0 72	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266 17 17 0 192	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69 1,531.13 1,531.13 .00 3,044.47	AVE PEF	RAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85 90.07 90.07 .00 15.86	M VINITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000 .034 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42 218.73 218.73 218.73 .00 42.28	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40 .00 .00 .00 .03 .00 .03 .00 .03 .00 .06
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724 1 160 77 0 72 253	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266 17 17 0 192 559	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69 1,531.13 1,531.13 1,531.13 .00 3,044.47 36,265.51	AVE PEF	RAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85 90.07	M VINITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000 .034 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42 218.73 218.73 218.73 218.73 218.73	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40 .00 .00 .00 .00 .00 .03 .00 .03 .00 .06 .72
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724 1 160 77 0 72 253 457	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266 17 17 0 192 559 12,610	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69 1,531.13 1,531.13 1,531.13 1,531.13 1,00 3,044.47 36,265.51 1,449,985.43	AVE PEF	RAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85 90.07 90.07 90.07 90.07 90.07 15.86 64.88 114.99	M VUNITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000 .034 .000 .005 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42 218.73 218.73 218.73 218.73 218.73 218.73 218.73 218.73	.GE	03/14/05 COST PER ELIGIBLE 51.27 3.84 .00 .81 3.12 .13 2.94 .05 .04 1.89 .00 9.03 .00 .40 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 50,460 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 6,076 333 0 141 735 59 606 75 39 118 0 1,261 0 724 1 160 77 0 72 253	E/DENTAL VICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE 266,087 1,619 0 221 43,774 400 42,913 461 109 1,368 0 7,489 0 1,707 4 266 17 17 0 192 559	ED E	EXPENDITURES 2,587,046.62 193,963.99 .00 41,034.40 157,673.47 6,701.44 148,197.93 2,774.10 1,936.58 95,275.92 .00 455,890.98 .00 20,007.60 2.81 226.69 1,531.13 1,531.13 1,531.13 .00 3,044.47 36,265.51	AVE PEF	RAGE COST UNIT/DAY 9.72 119.80 .00 185.68 3.60 16.75 3.45 6.02 17.77 69.65 .00 60.87 .00 11.72 .70 .85 90.07	M VINITS/DAY PER ELIG 5.273 .032 .000 .004 .867 .008 .850 .009 .002 .027 .000 .148 .000 .034 .000 .034 .000	ONT S \$	HLY AVERA COST PER USER 425.78 582.47 .00 291.02 214.52 113.58 244.55 36.99 49.66 807.42 .00 361.53 .00 27.63 2.81 1.42 218.73 218.73 218.73 218.73 218.73	.GE	03/14/05

LOCAL EDUCATION AGENCIES	2	5	52.00	10.40	.000	26.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,529	196,147	130,155.64	.66	3.887	51.47	2.58
@CALIF. CHILDREN SERVICES*	4	4	\$ 140.00	\$ 35.00	.000	\$ 35.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11,375	128,704	\$ 1,999,720.39	\$ 15.54	2.551	\$ 175.80	\$ 39.63

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,581
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY	SUMMARY OF SER	VICES FOR ALL BLIND					
					MON		GE
2,647 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,908	91,114 \$	2,059,561.88	\$ 22.60		1079.43	
@PHYSICIANS SERVICES	493	1 , 523 \$		\$ 34.54	.575 \$		•
OUTPATIENT VISITS	199	330	12,624.54	38.26	.125	63.44	4.77
OFFICE VISITS	160	240	6,781.61	28.26	.091	42.39	2.56
HOME VISITS	1	1	34.30	34.30	.000	34.30	.01
EMERGENCY ROOM	57	80	5 , 534.51	69.18	.030	97.10	2.09
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	8	230.27	28.78	.003	25.59	.09
INPATIENT VISITS	27	115	4,738.04	41.20	.043	175.48	1.79
HOSPITAL VISITS	27	112	4,373.24	39.05	.042	161.97	1.65
CRITICAL CARE	2	3	364.80	121.60	.001	182.40	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	23	27	1,230.12	45.56	.010	53.48	.46
EXAMINATIONS	23	27	1,230.12	45.56	.010	53.48	.46
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	67	5,539.00	82.67	.025	553.90	2.09
PRINCIPAL SURGEON	6	10	3,967.23	396.72	.004	661.21	1.50
ASSISTANT SURGEON	1	2	336.36	168.18	.001	336.36	.13
ANESTHESIOLOGIST	5	55	1,235.41	22.46	.021	247.08	.47
OUTPATIENT SURGERY	29	100	8,680.58	86.81	.038	299.33	3.28
PRINCIPAL SURGEON	18	21	6,350.56	302.41	.008	352.81	2.40
ASSISTANT SURGEON	2	2	201.79	100.90	.001	100.90	.08
ANESTHESIOLOGIST	10	77	2,128.23	27.64	.029	212.82	.80
DIALYSIS	4	8	355.33	44.42	.003	88.83	.13
PATHOLOGY	27	74	1,028.37	13.90	.028	38.09	.39
RADIOLOGY	64	103	4,591.10	44.57	.039	71.74	1.73
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	17	172.29	10.13	.006	24.61	.07
OTHER SERVICES/ALL X-OVERS	264	682	13,652.02	20.02	.258	51.71	5.16
@PHARMACY	1,499	46,931 \$	590,108.09	\$ 12.57	17.730 \$	393.67	\$ 222.93
PRESCRIPTION DRUGS	1,454	6,392	544,642.28	85.21	2.415	374.58	205.76
SNF/ICF	56	381	24,324.98	63.85	.144	434.37	9.19
OUTPATIENTS	1,400	6,011	520,317.30	86.56	2.271	371.66	196.57
MEDICAL SUPPLIES	267	40,539	45,465.81	1.12	15.315	170.28	17.18
@DENTIST	80	433 \$	12,572.70	\$ 29.04	.164 \$	157.16	\$ 4.75
VISITS - DIAGNOSTIC	67	266	3,630.00	13.65	.100	54.18	1.37
ORAL SURGERY	12	57	2,841.00	49.84	.022	236.75	1.07
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	4	6	406.50	67.75	.002	101.63	.15
ENDODONTICS	3	6	426.00	71.00	.002	142.00	.16
RESTORATIVE DENTISTRY	23	79	3,609.20	45.69	.030	156.92	1.36
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	7	12	1,595.00	132.92	.005	227.86	.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	3	5	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	r for jan	2004 THRU	DEC 2004	PAGE 15,582
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES F	OR ALL BLIND					
					N	MONTHLY AVERAGE	GE

									ULI AVEKA		
2,647 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE	3		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	24	73	\$	2,888.78	\$	39.57	.028	\$	120.37	\$	1.09
DIAGNOSTIC AND ANC. PROCED	8	8		399.25		49.91	.003		49.91		.15
EYE APPLIANCES	20	61		2,275.05		37.30	.023		113.75		.86
OTHER OPTOMETRIC SERVICES	2	4		214.48		53.62	.002		107.24		.08
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.000	\$	16.72	\$.01
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.01
@PODIATRIST	73	151	\$	1,052.67	\$	6.97	.057	\$	14.42	\$.40
MEDICINE/INJECTIONS	10	13		378.40		29.11	.005	•	37.84	·	.14
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	63	138		674.27		4.89	.052		10.70		.25
@HOME HEALTH AGENCY	17	2,016	\$	60,076.26	\$	29.80		\$		\$	22.70
NURSE ANESTHESIST	0	0	\$.00	Ś	.00		\$.00	\$.00
NURSE MIDWIFE	0	Ő	Ś	.00	Š	.00		\$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	374	2,634	Ś			107.03	.995		753.80		106.51
HOSP INPATIENT TOTAL	46	91	т	228,618.30	т	2512.29	.034	т	4969.96	т	86.37
HSC HOSPITALS	3	6		9,716.17		1619.36	.002		3238.72		3.67
NON-HSC HOSPITAL TOTAL	20	85		199,075.11		2342.06	.032		9953.76		75.21
ACCOMMODATIONS	20	85		49,338.03		580.45	.032		2466.90		18.64
ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.004		2313.00		.87
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	20	75		47,025.03		627.00	.028		2351.25		17.77
ANCILLARIES	20	0		149,737.08		.00	.000		7486.85		56.57
INPATIENT CROSSOVERS	23	0		19,827.02		.00	.000		862.04		7.49
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	344	2,543		53,302.01		20.96	.961		154.95		20.14
MEDICAL	99	148		5,806.10		39.23	.056		58.65		2.19
SURGERY	24	27		1,696.11		62.82	.010		70.67		.64
PATHOLOGY	104	586		6,199.96		10.58	.221		59.62		2.34
	51	69				62.51			84.57		2.34 1.63
RADIOLOGY	128			4,312.90			.026				
ROOM USE		192		7,124.62		37.11	.073		55.66		2.69
CROSSOVERS/ALL OTH OUTPTNT	196	1,521	Ċ	28,162.32	ć	18.52	.575	Ċ	143.69	Ċ	10.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINITAND ANTIQUE DAVIG	0	0		.00		0.0	000	.00	0.0
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	
ALL OTHER INPATIENT	0								.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	U	0		.00		.00	.000	.00	.00
SURGERY	U	0		.00		.00	.000	.00	.00
PATHOLOGY	0	9		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			ES 1	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2004 THRU	DEC 2004	PAGE 15,583
MOP024	FEE-FOR-SERVICE	'							03/14/05
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR ALL BLI	ND						
								ONTHLY AVEF	
2,647 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER
		OR DAYS OF CARE				R UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	374	2,634	\$	281,920.31	\$	107.03		\$ 753.80	
COMM HOSP INPATIENT TOTAL	46	91		228,618.30		2512.29	.034	4969.96	86.37
HSC HOSPITALS	3	6		9,716.17		1619.36	.002	3238.72	3.67
NON-HSC HOSPITALS TOTAL	20	85		199,075.11		2342.06	.032	9953.76	75.21
ACCOMMODATIONS	20	85		49,338.03		580.45	.032	2466.90	18.64
ADMINISTRATIVE DAYS	1	10		2,313.00		231.30	.004	2313.00	.87
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	20	75		47,025.03		627.00	.028	2351.25	17.77
ANCILLARIES	20	0		149,737.08		.00	.000	7486.85	56.57
INPATIENT CROSSOVERS	23	0		19,827.02		.00	.000	862.04	7.49
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	344	2,543		53,302.01		20.96	.961	154.95	20.14
MEDICAL	99	148		5,806.10		39.23	.056	58.65	2.19
SURGERY	24	27		1,696.11		62.82	.010	70.67	.64
PATHOLOGY	104	586		6,199.96		10.58	.221	59.62	2.34
RADIOLOGY	51	69		4,312.90		62.51	.026	84.57	1.63
ROOM USE	128	192		7,124.62		37.11	.073	55.66	2.69
CROSSOVERS/ALL OTH OUTPINT	196	1,521		28,162.32		18.52	.575	143.69	10.64
@STATE HOSPITAL	24	731	\$	379,245.25	\$	518.80	.276	\$ 15801.89	\$ 143.27
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	24	731		379,245.25		518.80	.276	15801.89	143.27
@NURSING FACILITY	66	1,630	\$	228,869.14	\$	140.41	.616	\$ 3467.71	86.46
LEV A-INTERMEDIATE	0	_,		.00		.00	.000	.00	.00
LEV B-REHAB MD	Ō	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
				• • • •					

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228,869.14

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137,276.72

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63,539.66

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86.46

51.90

51.86

44.83

24.00

20.82

1.43

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LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DDH

ICF DD

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0

12

0

0

12

60

7

53

25

0

INDEPENDENT FACILITY	25	259		3,793.88		14.65	.098		151.76		1.43
@LABORATORY FACILITY	44	269	\$	3,180.50	\$	11.82	.102	\$	72.28	\$	1.20
PATHOLOGY	43	267		3,162.85		11.85	.101		73.55		1.19
XO AND OTHERS	1	2		17.65		8.83	.001		17.65		.01
@ORGANIZED OUTPATIENT CLINIC	145	223	\$	19,061.59	\$	85.48	.084	\$	131.46	\$	7.20
CLINIC	4	9		551.42		61.27	.003		137.86		.21
SURGICENTER	3	3		453.88		151.29	.001		151.29		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	139	211		18,056.29		85.57	.080		129.90		6.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES :	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 15,584
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR ALL BI	LIND								
							M	ONT	HLY AVERA	GE -	
2,647 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PER		PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	402	32,841	\$	168,136.31	\$	5.12	12.407	\$	418.25	\$	63.52
DURABLE MED. EQUIP.	66	218		34,481.39		158.17	.082		522.45		13.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		551.31		551.31	.000		551.31		.21
MEDICAL TRANSPORTATION	93	15,582		49,740.33		3.19	5.887		534.84		18.79
AMBULANCES/AIR TRANS	25	142		3,147.24			.054		125.89		1.19
OTHER TRANS	65	15,433		46,552.39			5.830		716.19		17.59
OTHER SERVICES	3	7		40.70		5.81	.003		13.57		.02
ACUPUNCTURE	4	14		248.70		17.76	.005		62.18		.09
ADULT DAY HEALTH CARE CTR	14	121		8,419.18		69.58	.046		601.37		3.18
GENETIC DISEASE TESTING	1	1		105.00		105.00	.000		105.00		.04
IHMC, MODEL-NF, NF, AIDS, MSSP	51	229		18,416.91		80.42	.087		361.12		6.96
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	37	92		1,964.98		21.36	.035		53.11		.74
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	13	45		10,666.53		237.03	.017		820.50		4.03

PROSTHETICS	13	45	10,666.53	237.03	.017	820.	. 50	4.03
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	4	23	669.81	29.12	.009	167.	. 45	.25
SPEECH AND AUDIOLOGY	8	14	1,938.44	138.46	.005	242.	. 31	.73
HOSPICE SERVICES	1	112	16,740.64	149.47	.042	16740.	. 64	6.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	61	1,185	12,515.38	10.56	.448	205.	.17	4.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	136	15,204	11,677.71	.77	5.744	85.	. 87	4.41
@CALIF. CHILDREN SERVICES*	105	5 , 562	\$ 204,224.14	\$ 36.72	2.101	\$ 1944.	. 99	\$ 77.15
@XOVER EXCLUDING STATE HOSP**	433	6 , 267	\$ 114,160.11	\$ 18.22	2.368	\$ 263.	. 65	\$ 43.13

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,585 FEE-FOR-SERVICE/DENTAL

03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

SONOMA COUNTI	SOMMANT OF SEN	VICES FOR ALL DISA	اختدكم	2		MONI	mii v 20002	CE
100 600 51 5655 56						MON'		
122,698 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
	104 160	OR DAYS OF CARE		005 100 005 01	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	104,163	, , -	\$	235,188,385.24	\$ 79.37			\$ 1916.81
@PHYSICIANS SERVICES	23,396	,	\$	3,534,997.91		1.022 \$		
OUTPATIENT VISITS	9,687	14,011		,	41.31	.114	59.75	4.72
OFFICE VISITS	5,795	7,826		,	31.70	.064	42.82	2.02
HOME VISITS	123	159		-,	55.82	.001	72.16	.07
EMERGENCY ROOM	3 , 622	5 , 097		296,695.62	58.21	.042	81.91	
PREVENTIVE CARE	15	15		620.84	41.39	.000	41.39	.01
OB VISITS/COMPRE PERI	19	33		2,323.33	70.40	.000	122.28	.02
OTHER OUTPATIENT	763	881		22,203.40	25.20	.007	29.10	.18
INPATIENT VISITS	1,964	9,069		438,470.34	48.35	.074	223.25	
HOSPITAL VISITS	1,440	7 , 174		316,149.68	44.07	.058	219.55	2.58
CRITICAL CARE	218	719		84,069.07	116.92	.006	385.64	.69
SNF/ICF/TRANS IP CARE	504	1,176		38 , 251.59	32.53	.010	75.90	.31
OPHTHALMOLOGICAL SERVICES	595	774		31,416.20	40.59	.006	52.80	.26
EXAMINATIONS	594	773		31,349.06	40.56	.006	52.78	.26
SERVICES AND MATERIALS	1	1		67.14	67.14	.000	67.14	.00
INPATIENT HOSPITAL SURGERY	725	4,830		365,216.40	75.61	.039	503.75	2.98
PRINCIPAL SURGEON	509	764		274,005.98	358.65	.006	538.32	2.23
ASSISTANT SURGEON	49	51		10,996.12	215.61	.000	224.41	.09
ANESTHESIOLOGIST	288	4,015		80,214.30	19.98	.033	278.52	.65
OUTPATIENT SURGERY	1,700	4,822		346,978.80	71.96	.039	204.11	2.83
PRINCIPAL SURGEON	1,339	1,799		279,025.25	155.10	.015	208.38	2.27
ASSISTANT SURGEON	11	11		1,229.59	111.78	.000	111.78	.01
ANESTHESIOLOGIST	449	3,012		66,723.96	22.15	.025	148.61	.54
DIALYSIS	270	387		68,644.25	177.38	.003	254.24	.56
PATHOLOGY	1,508	4,470		64,475.29	14.42	.036	42.76	.53
RADIOLOGY	5,233	10,323		495,071.02	47.96	.084	94.61	4.03
PSYCHIATRY	6	7		205.28	29.33	.000	34.21	.00
IMMUNIZATION AND INJECTION	581	7,449		426,380.08	57.24	.061	733.87	3.48
OTHER SERVICES/ALL X-OVERS	10,055	69,254		719,305.51	10.39	.564	71.54	5.86
@PHARMACY	75,314	1,042,124	\$	36,151,599.63	\$ 34.69	8.493 \$	480.01	\$ 294.64
PRESCRIPTION DRUGS	74,169	343,050		35,358,543.54	103.07	2.796	476.73	288.18
SNF/ICF	3,637	26,514		2,504,464.01	94.46	.216	688.61	20.41
OUTPATIENTS	70,737	316,536		32,854,079.53	103.79	2.580	464.45	267.76
	*	•						

MEDICAL SUPPLIES	6,637	699,074	793,056.09		1.13	5.698	119.49		6.46
@DENTIST	5,504	22,976 \$	824,061.59	\$	35.87	.187		\$	6.72
VISITS - DIAGNOSTIC	3,919	14,457	193,745.72		13.40	.118	49.44		1.58
ORAL SURGERY	864	2,553	146,475.99		57.37	.021	169.53		1.19
DRUGS	15	17	150.00		8.82	.000	10.00		.00
ANESTHESIA	28	28	2,400.00		85.71	.000	85.71		.02
PERIODONTICS	275	310	34,648.00		111.77	.003	125.99		.28
ENDODONTICS	202	280	56,039.25		200.14	.002	277.42		.46
RESTORATIVE DENTISTRY	1,420	3,622	203,346.29		56.14	.030	143.20		1.66
PROSTHETICS	45	49	1,090.00		22.24	.000	24.22		.01
DENTURES, STAYPLATES	499	1,453	181,434.62		124.87	.012	363.60		1.48
SPACE MAINTAINERS	2	2	240.00		120.00	.000	120.00		.00
MAXILLOFACIAL SERVICES	11	15	1,545.47		103.03	.000	140.50		.01
FRACTURES, DISLOCATIONS	1	1	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	41	69	2,800.00		40.58	.001	68.29		.02
ALL OTHER SERVICES	108	120	146.25		1.22	.001	1.35		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU I	DEC 2004	Ε	PAGE 15,586
MOP024	FEE-FOR-SERVIC								03/14/05
SONOMA COUNTY	SUMMARY OF SER	VICES FOR ALL DISABLED							
							NTHLY AVERA	AGE	
122,698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS			COST PER
_		OR DAYS OF CARE			. UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2,438	7,295 \$	145,335.79	\$	19.92	.059		Ş	1.18
DIAGNOSTIC AND ANC. PROCED	880	945	39,972.71		42.30	.008	45.42		.33
EYE APPLIANCES	2,031	6,068	96,449.01		15.89	.049	47.49		.79
OTHER OPTOMETRIC SERVICES	191	282	8,914.07		31.61	.002	46.67		.07
@CHIROPRACTOR	215	561 \$	9,086.80	\$	16.20	.005		\$.07
VISITS	195	521	8,615.15		16.54	.004	44.18		.07
OTHER SERVICES	20	40	471.65	<u> </u>	11.79	.000	23.58	<u>^</u>	.00
@PODIATRIST	1,452 270	2 , 557 \$ 337	28,457.59 8,797.13	\$	11.13	.021		Ş	.23
MEDICINE/INJECTIONS			8.79713		26.10	.003	32.58		.07
			•			0.00			
SURGERY/ANES.	15	17	1,292.98		76.06	.000	86.20		.01
RADIO./PATHOLOGY	15 5	17 5	1,292.98 100.34		76.06 20.07	.000	86.20 20.07		.00
RADIO./PATHOLOGY OTHER	15 5 1 , 173	17 5 2,198	1,292.98 100.34 18,267.14	Ć	76.06 20.07 8.31	.000 .018	86.20 20.07 15.57	Ċ	.00 .15
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	15 5 1,173 584	17 5 2,198 34,039 \$	1,292.98 100.34 18,267.14 1,081,609.44	\$	76.06 20.07 8.31 31.78	.000 .018 .277	86.20 20.07 15.57 \$ 1852.07	\$.00 .15 8.82
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	15 5 1,173 584 6	17 5 2,198 34,039 \$ 49 \$	1,292.98 100.34 18,267.14 1,081,609.44 395.84	\$	76.06 20.07 8.31 31.78 8.08	.000 .018 .277 .000	86.20 20.07 15.57 \$ 1852.07 \$ 65.97	\$.00 .15 8.82 .00
RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	15 5 1,173 584 6 65	17 5 2,198 34,039 \$	1,292.98 100.34 18,267.14 1,081,609.44		76.06 20.07 8.31 31.78	.000 .018 .277	86.20 20.07 15.57 \$ 1852.07		.00 .15 8.82

17,622,318.56

14,922,099.72

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3,204,543.15

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3,763

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FAMILY NURSE PRACTITIONER

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP INPATIENT TOTAL

ACCOMMODATIONS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@TOTAL HOSPITAL

HSC HOSPITALS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	9,088	36,971	850,982.55	23.02	.301	93.64	6.94
@COUNTY HOSPITAL TOTAL	93	564 \$	262,313.51	\$ 465.09	.005	\$ 2820.58	\$ 2.14
CO HOSPITAL INPATIENT TOTAL	19	206	252,719.07	1226.79	.002	13301.00	2.06
HSC HOSPITALS	19	182	239,238.00	1314.49	.001	12591.47	1.95
NON-HSC HOSPITALS TOTAL	3	24	13,481.07	561.71	.000	4493.69	.11
ACCOMMODATIONS	3	24	5,551.20	231.30	.000	1850.40	.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	24	5,551.20	231.30	.000	1850.40	.05
ANCILLARIES	3	0	7,929.87	.00	.000	2643.29	.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	79	358	9,594.44	26.80	.003	121.45	.08
MEDICAL	28	45	1,397.81	31.06	.000	49.92	.01
SURGERY	6	6	474.71	79.12	.000	79.12	.00
PATHOLOGY	24	137	2,449.14	17.88	.001	102.05	.02
RADIOLOGY	12	19	973.20	51.22	.000	81.10	.01
ROOM USE	49	76	3,134.13	41.24	.001	63.96	.03
CROSSOVERS/ALL OTH OUTPTNT	39	75	1,165.45	15.54	.001	29.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU I	DEC 2004	PAGE 15,587
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR ALL DISABL	ED				
					MC	NTHLY AVERAC	E
122,698 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
ACOMMINITY HOSPITAL TOTAL	20 331	101 275 \$	17 360 005 05	¢ 171 /1	925	\$ 953 97	\$ 1/1/10

122,698 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	AVERAGE COST		S COST PER		COST PER
122,000 11101111111111111111111111111111	ODERO	OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20,331	101,275	\$	17,360,005.05	\$ 171.41		\$ 853.87		
-	1,769	6,809	7		2154.41		8292.47	т.	119.56
HSC HOSPITALS	202	1,438		2,167,220.61	1507.11		10728.81		17.66
NON-HSC HOSPITALS TOTAL	859			11,746,919.90	2187.10	.044	13675.11		95.74
ACCOMMODATIONS	857	5 , 371		3,256,412.18	606.30	.044	3799.78		26.54
ADMINISTRATIVE DAYS	16	279		57,420.23	205.81	.002	3588.76		.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	843	5,092		3,198,991.95	628.24	.042	3794.77		26.07
ANCILLARIES	859	0		8,490,507.72	.00	.000	9884.18		69.20
INPATIENT CROSSOVERS	739	0		755,240.14	.00	.000	1021.98		6.16
ALL OTHER INPATIENT	0	94,466		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	19 , 286	94,466		2,690,624.40	28.48	.770	139.51		21.93
MEDICAL	6 , 858	11,157		418,942.87	37.55	.091	61.09		3.41
SURGERY	1,517	1,711		84,639.12	49.47	.014	55.79		.69
PATHOLOGY	5 , 659	25,791		316,090.94	12.26	.210	55.86		2.58
RADIOLOGY	3 , 753	5 , 677		515,893.52	90.87	.046	137.46		4.20
ROOM USE	8,938	13,234		505,240.85	38.18	.108	56.53		4.12
CROSSOVERS/ALL OTH OUTPINT		36 , 896					93.87		
@STATE HOSPITAL	9,381	289 , 751	\$	149,066,870.29	\$ 514.47	2.361	\$ 15890.30	\$	1214.91
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	9,381	289 , 751				2.361	15890.30		1214.91
@NURSING FACILITY	2,170	60 , 736	\$	9,036,239.85	\$ 148.78	.495	\$ 4164.17	\$	73.65
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	540	17,667		2,319,846.14	131.31	.144	4296.01		
LEV B-SUBACUTE FREESTANDING	11	346		127,772.56	369.28	.003	11615.69		1.04
LEV B-SUBACUTE HSPTL BASED	47	1,724		901,234.57	522.76	.014	19175.20		7.35
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1,579	40,999			138.72	.334			
@INTERMEDIATE CARE FACILDD	1,538	47,330				.386	\$ 5469.37	\$	68.56
ICF DDH	1,078	33,221		, ,	157.92	.271			42.76
ICF DD	10	323		35,741.58	110.66	.003	3574.16		.29

ICF DDN/DDCN	451	13,786	3,129,932.62	2	227.04	.112	6939.98		25.51
@HEMODIALYSIS TOTAL	1,020	32,169	\$ 1,411,491.48	\$	43.88	.262	\$ 1383.82	\$	11.50
HOSPITAL BASED	0	0	.00)	.00	.000	.00		.00
HEMODIALYSIS CENTER	1,020	32 , 169	1,411,491.48	3	43.88	.262	1383.82		11.50
@REHABILITATION FACILITY	522	6,886	\$ 106,978.35	5 \$	15.54	.056	\$ 204.94	\$.87
HOSPITAL BASED	80	848	17,515.98	3	20.66	.007	218.95		.14
INDEPENDENT FACILITY	443	6 , 038	89,462.37	7	14.82	.049	201.95		.73
@LABORATORY FACILITY	5,032	21,297	\$ 297,220.41	\$	13.96	.174	\$ 59.07	\$	2.42
PATHOLOGY	4,969	21 , 079	295,577.68	3	14.02	.172	59.48		2.41
XO AND OTHERS	63	218	1,642.73	3	7.54	.002	26.08		.01
@ORGANIZED OUTPATIENT CLINIC	14,693	29 , 715	\$ 2,658,224.27	7 \$	89.46	.242	\$ 180.92	\$	21.66
CLINIC	495	1,483	40,216.14	1	27.12	.012	81.24		.33
SURGICENTER	142	424	35,981.81	L	84.86	.003	253.39		.29
HEROIN DETOX CLINIC	59	807	9,828.31	L	12.18	.007	166.58		.08
RURAL HEALTH CLINIC	14,072	27,001	2,572,198.01	L	95.26	.220	182.79		20.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2004	PI	AGE 15,588
MOP024	FEE-FOR-SERVICE/DE	ENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE	ES FOR ALL DISA	BLED						
						M	ONTHLY AVERA	GE -	

							MIUDI AVEKA	GE
122,698 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY			ELIGIBLE
@ALL OTHER PROVIDERS	14,785	1,137,922	\$	4,793,520.66	\$ 4.21	9.274	\$ 324.22	\$ 39.07
DURABLE MED. EQUIP.	1 , 759	7,005		1,175,372.02	167.79	.057	668.20	9.58
BLOOD BANK	15	19		2,868.75	150.99	.000	191.25	.02
HEARING AID DISPENSERS	103	155		20,725.91	133.72	.001	201.22	.17
MEDICAL TRANSPORTATION	2,544	174,098		739,504.11	4.25	1.419	290.69	6.03
AMBULANCES/AIR TRANS	1,424	11,109		219,751.74	19.78	.091	154.32	1.79
OTHER TRANS	1,001	162,632		496,784.73	3.05	1.325	496.29	4.05
OTHER SERVICES	152	357		22,967.64	64.34	.003	151.10	.19
ACUPUNCTURE	158	416		6,998.14	16.82	.003	44.29	.06
ADULT DAY HEALTH CARE CTR	175	2,042		141,710.91	69.40	.017	809.78	1.15
GENETIC DISEASE TESTING	17	17		1,785.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	645	29,001		1,002,828.39	34.58	.236	1554.77	8.17
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,275	5,216		58,767.13	11.27	.043	25.83	.48
PHYSICAL THERAPIST	83	398		5,064.34	12.72	.003	61.02	.04
PORTABLE X-RAY	80	150		2,240.88	14.94	.001	28.01	.02
PROSTHETIST/ORTHOTISTS	216	942		134,757.49	143.05	.008	623.88	1.10
PROSTHETICS	216	942		134,757.49	143.05	.008	623.88	1.10
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	197	639		13,988.17	21.89	.005	71.01	.11
SPEECH AND AUDIOLOGY	1,341	4,306		202,027.22	46.92	.035	150.65	1.65
HOSPICE SERVICES	128	3,961		557,202.02	140.67	.032	4353.14	4.54
NONINST BIRTHING CENTERS	2	2		1,500.00	750.00	.000	750.00	.01
LOCAL EDUCATION AGENCIES	1,326	33,913		276,416.86	8.15	.276	208.46	2.25
EPSDT SUPPLEMENTAL SERVICE	5	1,174		28,449.30	24.23	.010	5689.86	.23
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5,162	874,468		421,314.02	.48	7.127	81.62	3.43
@CALIF. CHILDREN SERVICES*	1,863	102,427	\$	2,632,828.39	\$ 25.70	.835	\$ 1413.22	\$ 21.46
@XOVER EXCLUDING STATE HOSP**	16,512	539,401	\$		\$ 5.56	4.396	\$ 181.71	\$ 24.45

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SONOTA COUNTY SUPERICION AND PARTITION							~=
					MON		
272,490 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	111,689	529 , 604 \$	36,635,234.59	\$ 69.17	1.944 \$		
@PHYSICIANS SERVICES	33 , 769	81,692 \$	3,985,311.78		.300 \$		•
OUTPATIENT VISITS	22,826	29 , 916	1,101,804.64	36.83	.110	48.27	4.04
OFFICE VISITS	12,314	15 , 562	446,106.73	28.67	.057	36.23	1.64
HOME VISITS	1	2	50.40	25.20	.000	50.40	.00
EMERGENCY ROOM	9,085	10,567	513,133.86	48.56	.039	56.48	1.88
PREVENTIVE CARE	312	317	12 , 569.19	39.65	.001	40.29	.05
OB VISITS/COMPRE PERI	659	1,530	82 , 214.91	53.74	.006	124.76	.30
OTHER OUTPATIENT	1,718	1,938	47 , 729.55	24.63	.007	27.78	.18
INPATIENT VISITS	1,895	6 , 275	425,097.98	67.74	.023	224.33	1.56
HOSPITAL VISITS	1,785	4,909	229,415.28	46.73	.018	128.52	.84
CRITICAL CARE	239	1,360	195,460.60	143.72	.005	817.83	.72
SNF/ICF/TRANS IP CARE	5	6	222.10	37.02	.000	44.42	.00
OPHTHALMOLOGICAL SERVICES	433	528	23 , 357.73	44.24	.002	53.94	.09
EXAMINATIONS	427	526	23,167.70	44.05	.002	54.26	.09
SERVICES AND MATERIALS	6	2	190.03	95.02	.000	31.67	.00
INPATIENT HOSPITAL SURGERY	2,056	10,867	964,119.80	88.72	.040	468.93	3.54
PRINCIPAL SURGEON	1,283	1,551	742 , 595.19	478.78	.006	578.80	2.73
ASSISTANT SURGEON	160	164	28,504.07	173.81	.001	178.15	.10
ANESTHESIOLOGIST	949	9 , 152	193,020.54	21.09	.034	203.39	.71
OUTPATIENT SURGERY	2,722	6 , 866	414,875.47	60.42	.025	152.42	1.52
PRINCIPAL SURGEON	2,231	2,827	321,265.66	113.64	.010	144.00	1.18
ASSISTANT SURGEON	32	32	3,025.55	94.55	.000	94.55	.01
ANESTHESIOLOGIST	615	4,007	90,584.26	22.61	.015	147.29	.33
DIALYSIS	69	104	19,463.92	187.15	.000	282.09	.07
PATHOLOGY	3 , 159	5 , 991	98,603.93	16.46	.022	31.21	.36
RADIOLOGY	8,459	12,887	447,371.96	34.71	.047	52.89	1.64
PSYCHIATRY	1	1	29.18	29.18	.000	29.18	.00

IMMUNIZATION AND INJECTION	477	2 , 724		146 , 166.02		53.66	.010		306.43		.54
OTHER SERVICES/ALL X-OVERS	2 , 655	5 , 533		344,421.15		62.25	.020		129.73		1.26
@PHARMACY	46,189	127,900	\$	5,794,996.20	\$	45.31	.469	\$	125.46	\$	21.27
PRESCRIPTION DRUGS	45 , 821	103,212		5,658,383.01		54.82	.379		123.49		20.77
SNF/ICF	20	74		20,797.12		281.04	.000		1039.86		.08
OUTPATIENTS	45 , 804	103,138		5,637,585.89		54.66	.379		123.08		20.69
MEDICAL SUPPLIES	1 , 539	24,688		136,613.19		5.53	.091		88.77		.50
@DENTIST	11,039	56 , 729	\$	1,688,915.85	\$	29.77	.208	\$	153.00	\$	6.20
VISITS - DIAGNOSTIC	8,171	36 , 574		524,113.84		14.33	.134		64.14		1.92
ORAL SURGERY	1,649	3 , 705		224,149.25		60.50	.014		135.93		.82
DRUGS	86	96		1,830.43		19.07	.000		21.28		.01
ANESTHESIA	88	89		8,300.00		93.26	.000		94.32		.03
PERIODONTICS	130	137		12,470.22		91.02	.001		95.92		.05
ENDODONTICS	950	1,903		195,052.49		102.50	.007		205.32		.72
RESTORATIVE DENTISTRY	4,073	12,702		631,123.35		49.69	.047		154.95		2.32
PROSTHETICS	14	13		300.00		23.08	.000		21.43		.00
DENTURES, STAYPLATES	128	484		50,182.66		103.68	.002		392.05		.18
SPACE MAINTAINERS	73	90		9,189.00		102.10	.000		125.88		.03
MAXILLOFACIAL SERVICES	19	26		3,304.92		127.11	.000		173.94		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	408	492		26,988.69		54.86	.002		66.15		.10
ALL OTHER SERVICES	305	418		1,911.00		4.57	.002		6.27		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2004 THRU	DEC	2004	PF	AGE 15,590
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05

SUMMARY OF SERVICES FOR ALL FAMILIES

SONOMA COUNTY

----- MONTHLY AVERAGE -----272,490 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,324 67.06 \$ @OPTOMETRIST 6,970 155,836.22 \$ 22.36 .026 \$ DIAGNOSTIC AND ANC. PROCED 1,659 1,762 75,178.52 42.67 .006 45.32 5,110 75,856.53 EYE APPLIANCES 1,731 14.84 .019 43.82 .28 52.19 OTHER OPTOMETRIC SERVICES 98 4,801.17 48.99 .000 @CHIROPRACTOR 190 425 7,001.83 \$ 16.47 .002 \$ 36.85 \$.03 VISITS 188 422 6,964.05 16.50 .002 37.04 .03 3 18.89 OTHER SERVICES 37.78 12.59 .000 @PODIATRIST 61 91 2,839.09 \$ 31.20 .000 \$ 46.54 \$.01 68 MEDICINE/INJECTIONS 2,302.92 33.87 .000 41.12 .01 10 203.53 20.35 .000 25.44 SURGERY/ANES. RADIO./PATHOLOGY 11 224.90 20.45 .000 32.13 .00 2 OTHER 1 107.74 53.87 .000 107.74 498 71,780.18 \$ 62.58 .004 \$ 144.14 \$ @HOME HEALTH AGENCY 1,147 9 162 2,464.36 \$ 15.21 .001 \$ 273.82 \$ NURSE ANESTHESIST 762 NURSE MIDWIFE 5,581 173,889.25 31.16 .020 \$ 228.20 \$ 0 36 0 .000 \$.00 \$ PEDIATRIC NURSE PRACTITIONER .00 \$.00 FAMILY NURSE PRACTITIONER 20 823.29 \$ 22.87 .000 \$ 41.16 \$.00 29,226 157.03 .421 \$ @TOTAL HOSPITAL 114,810 18,028,742.95 616.87 \$ 66.16 HOSP INPATIENT TOTAL 1,987 8,562 1742.31 .031 7507.63 14,917,657.21 221 10674.26 HSC HOSPITALS 1,440 2,359,011.75 1638.20 .005 8.66 NON-HSC HOSPITAL TOTAL 1,780 7,122 12,550,788.16 1762.26 .026 7051.00 46.06 1,776 635.78 2549.57 ACCOMMODATIONS 7,122 .026 4,528,042.81 3 31 231.30 2390.10 ADMINISTRATIVE DAYS 7,170.30 .000 .03 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 637.55 1,773 7,091 4,520,872.51 .026 2549.84 16.59 ALL OTHER ACCOM 0 .00 ANCILLARIES 1,780 8,022,745.35 .000 4507.16 29.44 .00 8 7,857.30 982.16 INPATIENT CROSSOVERS 0 .000 .03 ALL OTHER INPATIENT .00

HOSP OUTPATIENT TOTAL	28,023	106,248	3,111,085.74	29.28	.390	111.02	11.42
MEDICAL	10,326	14,089	499,907.11	35.48	.052	48.41	1.83
SURGERY	2,753	3,305	146,215.83	44.24	.012	53.11	.54
PATHOLOGY	8,428	30,003	368,351.52	12.28	.110	43.71	1.35
RADIOLOGY	6,635	8,891	597,554.59	67.21	.033	90.06	2.19
ROOM USE	19,235	25,414	954,318.72	37.55	.093	49.61	3.50
CROSSOVERS/ALL OTH OUTPINT	9,148	24,546	544,737.97	22.19	.090	59.55	2.00
@COUNTY HOSPITAL TOTAL	91	470 \$		\$ 340.28		1757.48	
CO HOSPITAL INPATIENT TOTAL	9	109	145,054.02	1330.77	.000	16117.11	.53
HSC HOSPITALS	9	109	145,054.02	1330.77	.000	16117.11	.53
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	85	361	14,876.67	41.21	.001	175.02	.05
MEDICAL	32	41	1,808.90	44.12	.000	56.53	.01
SURGERY	17	28	888.41	31.73	.000	52.26	.00
PATHOLOGY	21	95	2,274.62	23.94	.000	108.32	.01
RADIOLOGY	14	20	1,367.50	68.38	.000	97.68	.01
ROOM USE	58	101	5,209.00	51.57	.000	89.81	.02
CROSSOVERS/ALL OTH OUTPTNT		76	3,328.24	43.79	.000	85.34	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 15,591
MOP024	FEE-FOR-SERVICE	•					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR ALL FAMILIES					
					MON'		-
272,490 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29,154	114,340 \$	17,868,812.26	\$ 156.28	.420 \$		
COMM HOSP INPATIENT TOTAL	1,979	8,453	14,772,603.19	1747.62	.031	7464.68	54.21
HSC HOSPITALS	212	1,331	2,213,957.73	1663.38	.005	10443.20	8.12
NON-HSC HOSPITALS TOTAL	1,780	7,122	12,550,788.16	1762.26	.026	7051.00	46.06
ACCOMMODATIONS	1,776	7,122	4,528,042.81	635.78	.026	2549.57	16.62
ADMINISTRATIVE DAYS	3	31	7,170.30	231.30	.000	2390.10	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,773	7,091	4,520,872.51	637.55	.026	2549.84	16.59
ANCILLARIES	1,780	0	8,022,745.35	.00	.000	4507.16	29.44
INPATIENT CROSSOVERS	8	0	7,857.30	.00	.000	982.16	.03

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ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

ROOM USE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED	1	5		2,765.75		553.15	.000		2765.75		.01
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	30		1,974.44		65.81	.000		658.15		.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	131	5 , 225	\$	210,859.23	\$	40.36	.019	\$	1609.61	\$.77
HOSPITAL BASED	1	13		2,801.34		215.49	.000		2801.34		.01
HEMODIALYSIS CENTER	130	5,212		208,057.89	1	39.92	.019		1600.45		.76
@REHABILITATION FACILITY	108	1,408	\$	21,865.98	\$	15.53	.005	\$	202.46	\$.08
HOSPITAL BASED	17	93		2,871.47		30.88	.000		168.91		.01
INDEPENDENT FACILITY	91	1,315		18,994.51		14.44	.005		208.73		.07
@LABORATORY FACILITY	8 , 219	23 , 774	\$	355,446.19	\$	14.95	.087	\$	43.25	\$	1.30
PATHOLOGY	8,211	23 , 754		355,209.53		14.95	.087		43.26		1.30
XO AND OTHERS	9	20		236.66		11.83	.000		26.30		.00
@ORGANIZED OUTPATIENT CLINIC	28,112	49,430	\$	5,329,346.95	\$	107.82	.181	\$	189.58	\$	19.56
CLINIC	2,448	8 , 289		254,585.21		30.71	.030		104.00		.93
SURGICENTER	46	231		9,160.50		39.66	.001		199.14		.03
HEROIN DETOX CLINIC	33	391		4,793.67		12.26	.001		145.26		.02
RURAL HEALTH CLINIC	25 , 711	40,519		5,060,807.57		124.90	.149		196.83		18.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	JRES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 15,592
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR ALL FA	MILI	ES							
]	TNOM	HLY AVERA	GE	

						M	ONTHLY AVERA	KGE
272,490 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES		ST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/I	DAY PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7,851	54,186 \$	80	00,014.24	\$ 14.76	.199	\$ 101.90	\$ 2.94
DURABLE MED. EQUIP.	295	815	8	32,004.98	100.62		277.98	.30
BLOOD BANK	4	7		1,032.75	147.54	.000	258.19	.00
HEARING AID DISPENSERS	13	33	-	L1,030.99	334.27	.000	848.54	.04
MEDICAL TRANSPORTATION	1,052	13 , 941	23	33,233.76	16.73	.051	221.71	.86
AMBULANCES/AIR TRANS	1,029	9 , 331	16	54,975.52	17.68	.034	160.33	.61
OTHER TRANS	17	4,564		8,972.57	1.97	.017	527.80	.03
OTHER SERVICES	38	46	Ţ	59,285.67	1288.82	.000	1560.15	.22
ACUPUNCTURE	65	177		3,034.46	17.14	.001	46.68	.01
ADULT DAY HEALTH CARE CTR	1	9		636.66	70.74	.000	636.66	.00
GENETIC DISEASE TESTING	316	316	3	33,012.00	104.47	.001	104.47	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2		399.45	199.73	.000	399.45	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,863	4,086	3	36,672.76	8.98	.015	19.68	.13
PHYSICAL THERAPIST	29	147		2,332.47	15.87	.001	80.43	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	100	360	(50,381.69	167.73	.001	603.82	.22
PROSTHETICS	100	360	(50,381.69	167.73	.001	603.82	.22
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	22	90		4,511.63	50.13	.000	205.07	.02
SPEECH AND AUDIOLOGY	204	460	2	25,343.13	55.09	.002	124.23	.09
HOSPICE SERVICES	4	44		5,765.72	131.04		1441.43	.02
NONINST BIRTHING CENTERS	33	33	3	32,099.01	972.70	.000	972.70	.12
LOCAL EDUCATION AGENCIES	3,646	24,604	25	55,181.32	10.37	.090	69.99	.94
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	312	9,062	-	L3,341.46	1.47	.033	42.76	.05
@CALIF. CHILDREN SERVICES*	1,215	22,651 \$	3,66	59,098.30	\$ 161.98	.083	\$ 3019.83	\$ 13.47

@XOVER EXCLUDING STATE HOSP** 318 1,864 \$ 71,894.29 \$ 38.57 .007 \$ 226.08 \$.26

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,593 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

SONOMA COUNTI	SUMMARI OF SERV	VICES FOR ALL MEDICALL	I INDIGENI	MONTHLY AVERAGE					
24,166 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER		
•		OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	14,118	57,405 \$	4,357,883.62	\$ 75.91	2.375 \$	308.68			
	3,331	8,717 \$		\$ 57.40	.361 \$				
@PHYSICIANS SERVICES OUTPATIENT VISITS	2,139	2,925	111,771.33	38.21	.121	52.25	4.63		
		1,410	42,318.48	30.01	.058	38.61	1.75		
OFFICE VISITS HOME VISITS	1,096 0	1,410 0	42,318.48	.00	.000	.00	.00		
EMERGENCY ROOM	876	1,040	51,128.22	49.16	.043	58.37	2.12		
PREVENTIVE CARE	20	20	748.21	37.41	.001	37.41	.03		
OB VISITS/COMPRE PERI	111	296	13,268.60	44.83	.012	119.54	.55		
	137	159	4,307.82	27.09	.012	31.44	.18		
OTHER OUTPATIENT INPATIENT VISITS	263	803	51,414.04	64.03	.033	195.49	2.13		
	225	552		47.87	.033		1.09		
HOSPITAL VISITS	225		26,425.52 21,800.98	125.29	.023	117.45			
CRITICAL CARE	28 25	174 77		41.40		778.61	.90		
SNF/ICF/TRANS IP CARE	25 35	38	3,187.54		.003	127.50	.13		
OPHTHALMOLOGICAL SERVICES	35 35	38	1,748.86	46.02	.002	49.97	.07		
EXAMINATIONS	35	0	1,748.86	46.02	.002	49.97	.07		
SERVICES AND MATERIALS		<u> </u>	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	252	1,948	123,350.34	63.32	.081	489.49	5.10		
PRINCIPAL SURGEON	144 7	171	95,474.06	558.33	.007	663.01	3.95		
ASSISTANT SURGEON		7	1,478.85	211.26	.000	211.26	.06		
ANESTHESIOLOGIST	139	1,770	26,397.43	14.91	.073	189.91	1.09		
OUTPATIENT SURGERY	235	607	35,947.41	59.22	.025	152.97	1.49		
PRINCIPAL SURGEON	190 2	241	26,410.25	109.59 70.00	.010	139.00	1.09		
ASSISTANT SURGEON	60		139.99		.000	70.00	.01		
ANESTHESIOLOGIST	1	364 1	9,397.17	25.82	.015	156.62	.39		
DIALYSIS			225.04	225.04	.000	225.04	.01		
PATHOLOGY	243 873	433	8,555.58	19.76	.018	35.21	.35		
RADIOLOGY	8 / 3	1 , 280	37,657.22	29.42	.053	43.14	1.56		
PSYCHIATRY	37	<u> </u>	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION		72	19,852.87	275.73	.003	536.56	.82		
OTHER SERVICES/ALL X-OVERS	247	610	109,838.70	180.06	.025	444.69	4.55		
@PHARMACY	4,080	12,978 \$	419,375.81	\$ 32.31 50.94	.537 \$				
PRESCRIPTION DRUGS	4,044 78	8 , 003 476	407,678.25 36,513.76	76.71	.331 .020	100.81 468.13	16.87 1.51		
SNF/ICF			•						
OUTPATIENTS	3,967 122	7,527	371,164.49	49.31 2.35	.311 .206	93.56	15.36 .48		
MEDICAL SUPPLIES		4,975	11,697.56			95.88			
@DENTIST	768 587	4,587 \$	138,244.38	\$ 30.14 15.03	.190 \$				
VISITS - DIAGNOSTIC		2,880	43,293.03		.119	73.75	1.79		
ORAL SURGERY	114 8	291	21,327.60	73.29	.012	187.08	.88		
DRUGS	8 7	8 7	150.00	18.75 83.43	.000	18.75 83.43	.01		
ANESTHESIA	5		584.00		.000		.02		
PERIODONTICS	5 65	5	373.50	74.70 91.18	.000	74.70	.02		
ENDODONTICS	65 292	160	14,588.00	91.18 47.86	.007	224.43	.60		
RESTORATIVE DENTISTRY	292	1,128	53,987.75	47.86	.047	184.89	2.23		
PROSTHETICS	3	3	60.00		.000	30.00	.00		
DENTURES, STAYPLATES	3 2	10	943.00	94.30	.000	314.33	.04		
SPACE MAINTAINERS	2	2	120.00	60.00	.000	60.00	.00		

MAXILLOFACIAL SERVICES	2	4	150.00	37.50	.000	75.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	29	44	2,517.50	57.22	.002	86.81	.10
ALL OTHER SERVICES	31	45	150.00	3.33	.002	4.84	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	2004 THRU DEG	C 2004	PAGE 15,594
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR ALL MEDICA	ALLY INDIGENT				

							M	CNO	THLY AVERA	GE.	
24,166 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	€.		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	190	569	\$	12,917.12	\$	22.70	.024	\$	67.98	\$.53
DIAGNOSTIC AND ANC. PROCED	148	166		6 , 723.85		40.51	.007		45.43		.28
EYE APPLIANCES	137	392		5,614.52		14.32	.016		40.98		.23
OTHER OPTOMETRIC SERVICES	10	11		578.75		52.61	.000		57.88		.02
@CHIROPRACTOR	5	16	\$	267.52	\$	16.72	.001	\$		\$.01
VISITS	5	16		267.52		16.72	.001		53.50		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	138.40	\$	46.13	.000	\$		\$.01
MEDICINE/INJECTIONS	3	3		138.40		46.13	.000		46.13		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	57	96	\$	5,436.07	\$	56.63		\$	95.37	\$.22
NURSE ANESTHESIST	1	8	\$	150.05	\$	18.76	.000	\$	150.05	\$.01
NURSE MIDWIFE	227	2,284	\$	50,582.26	\$	22.15	.095	\$	222.83	\$	2.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	90.51	\$	30.17	.000	\$	45.26	\$.00
@TOTAL HOSPITAL	3 , 123	12 , 557	\$	1,919,858.56	\$	152.89		\$	614.75	\$	79.44
HOSP INPATIENT TOTAL	254	1,020		1,595,527.03		1564.24	.042		6281.60		66.02
HSC HOSPITALS	31	160		255,001.02		1593.76	.007		8225.84		10.55
NON-HSC HOSPITAL TOTAL	224	860		1,340,526.01		1558.75	.036		5984.49		55.47
ACCOMMODATIONS	224	860		494,008.18		574.43	.036		2205.39		20.44

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	224	860	494,008.18	574.43	.036	2205.39	20.44
ANCILLARIES	224	0	846,517.83	.00	.000	3779.10	35.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
		11,537		28.11		108.91	
			324,331.53		.477		13.42
MEDICAL	1,019	1,373	48,507.38	35.33	.057	47.60	2.01
SURGERY	274	340	13,311.71	39.15	.014	48.58	.55
PATHOLOGY	914	3,425	40,220.40	11.74	.142	44.00	1.66
RADIOLOGY	711	890	57 , 982.66	65.15	.037	81.55	2.40
ROOM USE	1,933	2,676	99 , 154.89	37.05	.111	51.30	4.10
CROSSOVERS/ALL OTH OUTPINT		2,833	65 , 154.49	23.00	.117	68.30	2.70
@COUNTY HOSPITAL TOTAL	28	220 \$	16,728.75	\$ 76.04	.009 \$	597.46	\$.69
CO HOSPITAL INPATIENT TOTAL	2	10	11,120.00	1112.00	.000	5560.00	.46
HSC HOSPITALS	2	10	11,120.00	1112.00	.000	5560.00	.46
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Õ	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00		.00	
	0	0			.000		.00
ALL OTHER INPATIENT	-		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	210	5,608.75	26.71	.009	207.73	
MEDICAL	12	17	956.71	56.28	.001	79.73	.04
SURGERY	8	11	398.33	36.21	.000	49.79	.02
PATHOLOGY	13	99	1,379.94	13.94	.004	106.15	.06
RADIOLOGY	7	10	456.79	45.68	.000	65.26	.02
ROOM USE	22	38	1,891.20	49.77	.002	85.96	.08
CROSSOVERS/ALL OTH OUTPINT	16	35	525.78	15.02	.001	32.86	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 15,595
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR ALL MEDICALLY	Y INDIGENT				
					MONT	HLY AVERA	GE
24,166 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,098	12,337 \$	1,903,129.81	\$ 154.26	.511 \$	614.31	\$ 78.75
COMM HOSP INPATIENT TOTAL	252	1,010	1,584,407.03	1568.72	.042	6287.33	65.56
HSC HOSPITALS	29	150	243,881.02	1625.87	.006	8409.69	10.09
NON-HSC HOSPITALS TOTAL	224	860	1,340,526.01	1558.75	.036	5984.49	55.47
ACCOMMODATIONS	224	860	494,008.18	574.43	.036	2205.39	20.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
		860		574.43			
ALL OTHER ACCOM	224		494,008.18		.036	2205.39	20.44
ANCILLARIES	224	0	846,517.83	.00	.000	3779.10	35.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,952	11,327	318,722.78	28.14	.469	107.97	13.19
MEDICAL	1,007	1,356	47 , 550.67	35.07	.056	47.22	1.97
SURGERY	266	329	12,913.38	39.25	.014	48.55	.53
PATHOLOGY	902	3,326	38,840.46	11.68	.138	43.06	1.61
RADIOLOGY	705	880	57 , 525.87	65.37	.036	81.60	2.38
ROOM USE	1,912	2,638	97,263.69	36.87	.109	50.87	4.02
CROSSOVERS/ALL OTH OUTPINT	938	2,798	64,628.71	23.10	.116	68.90	2.67
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
		·					

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	57	2,020	\$	384,962.82	\$	190.58	.084	\$	6753.73	\$	15.93
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	7	320		44,010.92		137.53	.013		6287.27		1.82
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	10	283		157,661.73		557.11	.012		15766.17		6.52
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,417		183,290.17		129.35	.059		4582.25		7.58
@INTERMEDIATE CARE FACILDD	0	. 0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	25	210	\$	3,480.88	\$	16.58	.009	\$	139.24	\$.14
HOSPITAL BASED	1	2		148.58		74.29	.000		148.58		.01
INDEPENDENT FACILITY	24	208		3,332.30		16.02	.009		138.85		.14
@LABORATORY FACILITY	892	2,296	\$	33,201.80	\$	14.46	.095	\$	37.22	\$	1.37
PATHOLOGY	892	2,295		33,190.40		14.46	.095		37.21		1.37
XO AND OTHERS	1	1		11.40		11.40	.000		11.40		.00
@ORGANIZED OUTPATIENT CLINIC	5,842	8,579	\$	825,510.63	\$	96.22	.355	\$	141.31	\$	34.16
CLINIC	480	1,472		46,748.85		31.76	.061		97.39		1.93
SURGICENTER	2	12		303.34		25.28	.000		151.67		.01
HEROIN DETOX CLINIC	2	31		379.77		12.25	.001		189.89		.02
RURAL HEALTH CLINIC	5,362	7,064		778,078.67		110.15	.292		145.11		32.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 15,596
MOP024	FEE-FOR-SERVIC	E/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SER	VICES FOR ALL ME	DICAL	LLY INDIGENT							
							M	INO	HLY AVERA	.GE	
24,166 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	475	2,482	\$	63,305.42		25.51	.103	\$	133.27	\$	2.62
DURABLE MED. EQUIP.	32	74		6,690.52		90.41	.003		209.08		.28
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	13		156.86		12.07	.001		52.29		.01
MEDICAL TRANSPORTATION	107	1 , 564		19,489.25		12.46	.065		182.14		.81
AMBULANCES/AIR TRANS	100	1,235		14,513.01		11.75	.051		145.13		.60
OTHER TRANS	7	327		1,826.24		5.58	.014		260.89		.08
OTHER SERVICES	2	2		3,150.00		1575.00	.000		1575.00		.13
ACUPUNCTURE	1	3		59.47		19.82	.000		59.47		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	47	47		4,935.00		105.00	.002		105.00		.20

0

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139

IHMC, MODEL-NF, NF, AIDS, MSSP

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

OPTICIAN

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.00

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2,515.79

2,411.57

2,411.57

4,230.44

7,147.98

11,760.12

43.84

258.44

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8.39

21.92

32.31

172.26

172.26

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54.94

132.37

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18.10

43.84

64.61

482.31

482.31

117.51

980.01

2382.66

.00

.00

LOCAL EDUCATION AGENCIES	67	292	3,416.62	11.70	.012	50.99	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	22	189.52	8.61	.001	9.02	.01
@CALIF. CHILDREN SERVICES*	290	4,847	\$ 643,451.04	\$ 132.75	.201	\$ 2218.80	\$ 26.63
@XOVER EXCLUDING STATE HOSP**	1	12	\$ 11.96	\$ 1.00	.000	\$ 11.96	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,597 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELI	.00 .00 .00 .00 .00 .00
@TOTAL, ALL PROVIDERS 0 0 \$.00	.00
@PHYSICIANS SERVICES 0 0 \$.00 \$.00 \$.00 \$.00 .00 .00 .00
	.00 .00 .00
OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00	.00 .00 .00
	.00
OFFICE VISITS 0 0 .00 .00 .00 .00	.00
HOME VISITS 0 0 0 .00 .00 .00 .00	.00
EMERGENCY ROOM 0 0 .00 .00 .00 .00	
PREVENTIVE CARE 0 0 0 .00 .00 .00 .00	
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 0 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 0 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
PSYCHIATRY 0 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00	.00
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00
PRESCRIPTION DRUGS 0 0 .00 .00 .00 .00	.00
SNF/ICF 0 0 .00 .00 .00 .00	.00
OUTPATIENTS 0 0 0 .00 .00 .00 .00	.00
MEDICAL SUPPLIES 0 0 0 .00 .00 .00 .00	.00
@DENTIST 0 0 \$.00 \$.00 \$.00 \$.00
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00	.00
ORAL SURGERY 0 0 .00 .00 .00 .00	.00
DRUGS 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 15,598
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR RENAL DIALYSIS		AID CODES '	71		
					MONTE	TIV VIEDVO	'F

00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
@OPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 .00
EYE APPLIANCES 0 0 .00 .00 .00 .00 .00 .00 .00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 .00
@CHIROPRACTOR 0 0 \$.00 \$.00 .000 \$.00 \$.00
VISITS 0 0 0 .00 .00 .00 .00 .00 .00
OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 .00 .00
SURGERY/ANES. 0 0 0 .00 .00 .00 .00 .00 .00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
OTHER 0 0 0 .00 .00 .00 .00 .00 .00
@HOME HEALTH AGENCY 0 0 \$.00 \$.00 \$.00 \$.00
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$.00
@TOTAL HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00
HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITAL TOTAL 0 0 0 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00
HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00 .00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MONT					PAGE 15,599
MOP024	FEE-FOR-SERVICE/DEN		11 01 111111111111111111111111111111111	101(1 101(0111(2	2001 111110 22	0 2001	03/14/05
SONOMA COUNTY		FOR RENAL DIALYSIS		AID CODES	71		00/ 11/ 00
					MON	THLY AVERA	GE
00		EC 05 05511105				GOOF DED	
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES		TS OF SERVICE DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	PER ELIG	USER	COST PER ELIGIBLE
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL			EXPENDITURES .00			USER	ELIGIBLE
		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		DAYS OF CARE	.00	PER UNIT/DAY \$.00	PER ELIG .000 \$	USER .00	ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL		DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00	PER ELIG .000 \$.000	USER .00 .00	ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS		DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00	ELIGIBLE \$.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL		DAYS OF CARE	.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS		DAYS OF CARE	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000	USER .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE		DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM		DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES		DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS		DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT		DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 200)4 THRU	DEC	2004	PA	GE 15,600
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS		I	AID CODES 71					
							N	IONTH	ILY AVERA	GE -	

					MON	THLY AVERA	3E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 15,601 03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

SONOTA COUNTI	DOMMANT OF DERN	VICES FOR TOTAL I.	C1/1714 T	LINION HOIRITON	AID CODES	75		
						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@ PHARMACY	0	0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
	0		0	\$.00	\$.00	.000	\$.00	\$.00
@DENTIST	•			Ą		Ş			Ą		Ą	
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	•		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDIT	URES MO	ONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	004 THRU	DEC	2004	P	AGE 15,602
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PARENT	TERAL NUTRITION		AID CODES	73				
								M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAI	RE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0		0	•	.00	·	.00	.000	·	.00	·	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0		0		.00	'	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	т	.00	т	.00	.000	т	.00	т	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	ş S	.00	۶ \$.00	.000		.00	\$.00
	0		0	Ą	.00	Ş			Ą	.00	Ą	.00
HOSP INPATIENT TOTAL	0						.00	.000				
HSC HOSPITALS	•		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OURDED INDAUTENE	\cap		<u> </u>		0.0		$\cap \cap$	$\cap \cap \cap$		\cap		$\cap \cap$

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CDOCCOVEDC / ALL ORU OVEDENE	0	0	0.0	0.0	0.00	0.0	0.0	
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	0	0 \$.00	.00	.000 .000 \$.00	.00	
CO HOSPITAL INPATIENT TOTAL	0	0 \$.00		.000 \$.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES					PAGE 15,603	3
MOP024	FEE-FOR-SERVICE						03/14/05	
							,	
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TOTAL PARE	ENTERAL NUTRITION	AID CODES	73			
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TOTAL PARE	ENTERAL NUTRITION	AID CODES	73 MONT	THLY AVERA	GE	
SONOMA COUNTY 00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TOTAL PARE UNITS OF SERVICE	ENTERAL NUTRITION EXPENDITURES	AID CODES AVERAGE COST	MONT	THLY AVERA COST PER	GE COST PER	
					MONT UNITS/DAYS		-	
		UNITS OF SERVICE		AVERAGE COST	MONT UNITS/DAYS	COST PER	COST PER	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
00 ELIGIBLES	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .	

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MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

LEV B-REGULAR

ICF DDH

ICF DD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

ICF DDN/DDCN	0		0	0.0		0.0	.000		.00		0.0
@HEMODIALYSIS TOTAL	0		0	\$.00	Ś	.00	.000	Ś		Ś	.00
•	0		0 .	·	Ą			Ş		Ą	
HOSPITAL BASED	0		0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U		0	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@REHABILITATION FACILITY	U		0 :	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0		0	.00		.00	.000		.00		.00
XO AND OTHERS	0		0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0	.00		.00	.000		.00		.00
SURGICENTER	0		0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENI	DITURE:	S MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 15,604
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE	ES FOR TO	ral pai	RENTERAL NUTRITION		AID CODES	73				
							M	ONTI	HLY AVERAC	GE ·	
00 ELIGIBLES	USERS UN	NITS OF SE	RVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF	CARE		PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00		.00	.000		.00		.00
BLOOD BANK	0		0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0	.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION									.00		.00
	0		0	_ ()()		.00	.000		. 00		
AMBULANCES/AIR TRANS	0		0	.00		.00	.000				. 00
AMBULANCES/AIR TRANS	0 0 0		0	.00		.00	.000		.00		.00
OTHER TRANS	0 0 0		0 0 0	.00		.00	.000		.00		.00
OTHER TRANS OTHER SERVICES	0 0 0 0		0 0 0 0	.00 .00 .00		.00	.000		.00		.00
OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 0		0 0 0 0	.00 .00 .00		.00	.000 .000 .000		.00		.00 .00 .00
OTHER TRANS OTHER SERVICES	0 0 0 0 0		0 0 0 0 0	.00 .00 .00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,605 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

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SONOMA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	THLY AVERAG	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1	14 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	14 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	1	14	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	004 THRU DEC	2004	PAGE 15,606

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57
------ MONTHLY AVERAGE ------

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	GE	COST PER
		OR DAYS OF CARE			UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00		.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	004 THRU DEC	2004	PAGE 15,607
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIE	ENS AID (CODES 51 52 56	57		
					MONT	HLY AVERAG	E

					MONT	'HLY AVERAGE	·
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF	-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC 20	04	PAG	E 15,608
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALI	ENS	AID C	ODES	51 52 56 57					

SONOMA COUNTI	SOUTHWILL OF SELV	VICES FOR INCA ALI	AID (20062 21 22 20	5 /		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.0
OTHER SERVICES	0	0	.00	.00	.000	.00	.0
ACUPUNCTURE	0	0	.00	.00	.000	.00	.0
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.0
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.0
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.0
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.0
OPTICIAN	0	0	.00	.00	.000	.00	.0
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.0
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.0
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.0
PROSTHETICS	0	0	.00	.00	.000	.00	.0
ORTHOTICS	0	0	.00	.00	.000	.00	.0
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.0
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.0
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.0
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.0
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.0
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.0
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.0
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.0
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.0
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

0 \$.00 \$.00 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0

PAGE 15,609

03/14/05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

MONTHLY AVERAGE							GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
2,710	23,791	\$	2,653,248.77	\$ 111.52	4.024	\$ 979.06	\$ 448.71
1,084	3 , 896	\$	251,137.45	\$ 64.46	.659	\$ 231.68	\$ 42.47
309	499		25 , 832.50	51.77	.084	83.60	4.37
21	29		942.38	32.50	.005	44.88	.16
0	0		.00	.00	.000	.00	.00
223	281		15,624.35	55.60	.048	70.06	2.64
0	0		.00	.00	.000	.00	.00
66	181		8 , 973.70	49.58	.031	135.97	1.52
6	8		292.07	36.51	.001	48.68	.05
223	558		38,390.17	68.80	.094	172.15	6.49
214	476		24,063.91	50.55	.081	112.45	4.07
23	82		14,326.26	174.71	.014	622.88	2.42
0	0		.00	.00	.000	.00	.00
5	9		447.46	49.72	.002	89.49	.08
5	9		447.46	49.72	.002	89.49	.08
0	0		.00	.00	.000	.00	.00
284	1,646		136,552.67	82.96	.278	480.82	23.09
181	223		106,113.41	475.84	.038	586.26	17.95
17	17		3,008.22	176.95	.003	176.95	.51
127	1,406		27,431.04	19.51	.238	215.99	4.64
49	137		10,935.68	79.82	.023	223.18	1.85
33	52		8,465.13	162.79	.009	256.52	1.43
	2,710 1,084 309 21 0 223 0 66 6 223 214 23 0 5 5 0 284 181 17	OR DAYS OF CARE 2,710 23,791 1,084 3,896 309 499 21 29 0 0 223 281 0 0 66 181 6 8 223 558 214 476 23 82 0 0 5 9 5 9 0 0 284 1,646 181 223 17 17 127 1,406 49 137	OR DAYS OF CARE 2,710 23,791 \$ 1,084 3,896 \$ 309 499 21 29 0 0 223 281 0 0 66 181 6 8 223 558 214 476 23 82 0 0 5 9 0 284 1,646 181 223 17 127 1,406 49 1,746 137	OR DAYS OF CARE 2,710 23,791 \$ 2,653,248.77 1,084 3,896 \$ 251,137.45 309 499 25,832.50 21 29 942.38 0 0 0 0 .00 223 281 15,624.35 0 0 0 .00 66 181 8,973.70 6 8 292.07 223 558 38,390.17 214 476 24,063.91 23 82 14,326.26 0 0 0 0 0 0 0 284 1,646 1,64	OR DAYS OF CARE 2,710 23,791 3,896 3,896 309 499 25,832.50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 2,710 23,791 \$ 2,653,248.77 \$ 111.52 4.024 \$ 1,084 3,896 \$ 251,137.45 \$ 64.46 .659 \$ 309 499 25,832.50 51.77 .084 21 29 942.38 32.50 .005 0 .00 .00 .00 .000 .000 .000 .	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER USER PER UNIT/DAY PER ELIG USER P970.06 A PST0.06 A P970.06 A PST0.06 A COST PER PER UNIT/DAY PER UNIT/DAY PER ELIG USER P970.06 A P970.06 A COST PER PR PST0.06 A P970.06 A A COST PER PST0.06 A P970.06 COST PER AS AS P970.06 COST PER AS

ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	16	85		2,470.55		29.07	.014	154.41		.42
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	83	106		2,941.64		27.75	.018	35.44		.50
RADIOLOGY	458	740		24,823.62		33.55	.125	54.20		4.20
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	2		115.52		57.76	.000	57.76		.02
OTHER SERVICES/ALL X-OVERS	117	199		11,098.19		55.77	.034	94.86		1.88
@PHARMACY	681	6 , 628	\$	74,821.05	\$	11.29	1.121 \$	109.87	\$	12.65
PRESCRIPTION DRUGS	649	1,367		63,033.43		46.11	.231	97.12		10.66
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	649	1,367		63,033.43		46.11	.231	97.12		10.66
MEDICAL SUPPLIES	71	5,261		11,787.62		2.24	.890	166.02		1.99
@DENTIST	52	51	\$	618.00	\$	12.12	.009 \$	11.88	\$.10
VISITS - DIAGNOSTIC	47	62		563.00		9.08	.010	11.98		.10
ORAL SURGERY	1	3CR		.00		.00	.001CR	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		55.00		55.00	.000	55.00		.01
ENDODONTICS	0	5CR		.00		.00	.001CR	.00		.00
RESTORATIVE DENTISTRY	0	14CR		.00		.00	.002CR	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	10	10		.00		.00	.002	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITURE	ES MONTI	H-OF-PAYMENT REI	PORT	FOR JAN 200	4 THRU DEC	2004	PA	GE 15,610
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05

BONOTHI COONTI	BOTHMING OF BEIN	VICED ION	111/111/ 11	 WIIIIOOI DID MID	CODI	33 30 31					
							M	CNO	THLY AVERA	GΕ	
5,913 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	A۱	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE		PI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	70		104	\$ 5,677.11	\$	54.59	.018	\$	81.10	\$.96
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	132		1,022	\$ 36,079.38	\$	35.30	.173	\$	273.33	\$	6.10
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,231	•	7,161	\$ 1,976,001.03	\$	275.94	1.211	\$	1605.20	\$	334.18
HOSP INPATIENT TOTAL	267		1,082	1,810,653.91		1673.43	.183		6781.48		306.22
HSC HOSPITALS	18		169	265,672.07		1572.02	.029		14759.56		44.93
NON-HSC HOSPITAL TOTAL	250		913	1,544,981.84		1692.20	.154		6179.93		261.29
ACCOMMODATIONS	250		913	488,994.14		535.59	.154		1955.98		82.70

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

SONOMA COUNTY

ADMINISTRATIVE DAYS	1	2	346.95	173.48	.000	346.95	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	249	911	488,647.19	536.39	.154	1962.44	82.64
ANCILLARIES	250	0	1,055,987.70	.00	.000	4223.95	178.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,071	6,079	165,347.12	27.20	1.028	154.39	27.96
MEDICAL	156	205	8,517.49	41.55	.035	54.60	1.44
SURGERY	152	218	7,161.61	32.85	.037	47.12	1.21
PATHOLOGY	515	2,057	27,272.81	13.26	.348	52.96	4.61
RADIOLOGY	369	467	36,323.34	77.78	.079	98.44	6.14
ROOM USE	551	914	31,764.77	34.75	.155	57.65	5.37
CROSSOVERS/ALL OTH OUTPINT		2,218	54,307.10	24.48	.375	112.20	9.18
	6	35 \$.006 \$		
@COUNTY HOSPITAL TOTAL	0		5,035.26	\$ 143.86			•
CO HOSPITAL INPATIENT TOTAL	1	3	4,056.03	1352.01	.001	4056.03	.69
HSC HOSPITALS	0	3	4,056.03	1352.01	.001	4056.03	.69
NON-HSC HOSPITALS TOTAL	0	· ·	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	32	979.23	30.60	.005	163.21	.17
MEDICAL	2	2	111.84	55.92	.000	55.92	.02
SURGERY	2	2	214.99	107.50	.000	107.50	.04
PATHOLOGY	2	18	132.41	7.36	.003	66.21	.02
RADIOLOGY	3	3	318.33	106.11	.001	106.11	.05
ROOM USE	3	3	118.57	39.52	.001	39.52	.02
CROSSOVERS/ALL OTH OUTPINT	3	4	83.09	20.77	.001	27.70	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 15,611
MOP024	FEE-FOR-SERVICE			DIONI ION OIN 2	LOOI IIIKO DE	C 2001	03/14/05
SONOMA COUNTY		ICES FOR MI/MN ALIEN	MITHOUT SIS AID	CODE 55 58 5F			03/11/03
SONOPA COUNTI	DOMMANT OF BEINV	ICES FOR MITTIN ABIEN	WIIHOOI SIS AID	CODE 33 30 31	MON'	תמשוא אוודי	CF
5,913 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
J, 913 EDIGIDDES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITE HORDINAL HORAL	1,225		1 070 065 77				
@COMMUNITY HOSPITAL TOTAL		7,126 \$	1,970,965.77	•		1608.95	
COMM HOSP INPATIENT TOTAL	266	1,079	1,806,597.88	1674.33	.182	6791.72	305.53
HSC HOSPITALS	17	166	261,616.04	1576.00	.028	15389.18	44.24
NON-HSC HOSPITALS TOTAL	250	913	1,544,981.84	1692.20	.154	6179.93	261.29
ACCOMMODATIONS	250	913	488,994.14	535.59	.154	1955.98	82.70
ADMINISTRATIVE DAYS	1	2	346.95	173.48	.000	346.95	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	249	911	488,647.19	536.39	.154	1962.44	82.64
ANCILLARIES	250	0	1,055,987.70	.00	.000	4223.95	178.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,065	6,047	164,367.89	27.18	1.023	154.34	27.80
MEDICAL	154	203	8,405.65	41.41	.034	54.58	1.42
SURGERY	150	216	6,946.62	32.16	.037	46.31	1.17
PATHOLOGY	513	2,039	27,140.40	13.31	.345	52.91	4.59
RADIOLOGY	366	464	36,005.01	77.60	.078	98.37	6.09
ROOM USE	548	911	31,646.20	34.74	.154	57.75	5.35
CROSSOVERS/ALL OTH OUTPTNT	481	2,214	54,224.01	24.49	.374	112.73	9.17
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		
C 11001 1 1111	O	υ Υ	.00		٠٥٥٥ ٢	• 0 0	

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
ICF DDH	0	0	٧	.00	Y	.00	.000	٧	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
, -	0	0	Ċ		Ċ			ċ		ċ	.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	•	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	9	119	\$	1,866.46	\$	15.68	.020	\$	207.38	Ş	.32
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	9	119		1,866.46		15.68	.020		207.38		.32
@LABORATORY FACILITY	446	1,098	\$	16,677.44	\$	15.19	.186	\$	37.39	\$	2.82
PATHOLOGY	446	1,098		16,677.44		15.19	.186		37.39		2.82
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	795	2 , 575	\$	215,879.65	\$	83.84	.435	\$	271.55	\$	36.51
CLINIC	89	680		20,298.58		29.85	.115		228.07		3.43
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	708	1,895		195,581.07		103.21	.320		276.24		33.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 15,612
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
		•	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					03/14/05
MOP024 SONOMA COUNTY		•	ALIEN	WITHOUT SIS AID	CODE	55 58 5F	M	ONT	HLY AVERA	.GE	
SONOMA COUNTY	SUMMARY OF SERV	CICES FOR MI/MN					M				
		VICES FOR MI/MN . UNITS OF SERVICE	E	WITHOUT SIS AID	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
SONOMA COUNTY 5,913 ELIGIBLES	SUMMARY OF SERV	VICES FOR MI/MN . UNITS OF SERVIC OR DAYS OF CAR	E E	EXPENDITURES	AVE PER	RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER		 COST PER ELIGIBLE
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 166	UNITS OF SERVICOR DAYS OF CAR	E	EXPENDITURES 74,491.20	AVE	RAGE COST UNIT/DAY 65.52	UNITS/DAY PER ELIG .192	S	COST PER USER 448.74		COST PER ELIGIBLE 12.60
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 166 16	UNITS OF SERVICOR DAYS OF CAR	E E	EXPENDITURES 74,491.20 36,786.69	AVE PER	RAGE COST UNIT/DAY 65.52 222.95	UNITS/DAY PER ELIG .192 .028	S	COST PER USER 448.74 2299.17		COST PER ELIGIBLE 12.60 6.22
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 166 16 0	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0	E E	EXPENDITURES 74,491.20 36,786.69 .00	AVE PER	RAGE COST UNIT/DAY 65.52 222.95	UNITS/DAY PER ELIG .192 .028 .000	S	COST PER USER 448.74 2299.17 .00		COST PER ELIGIBLE 12.60 6.22
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 166 16 0	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 0	E E	74,491.20 36,786.69 .00	AVE PER	RAGE COST UNIT/DAY 65.52 222.95 .00	PER ELIG .192 .028 .000	S	COST PER USER 448.74 2299.17 .00 .00		COST PER ELIGIBLE 12.60 6.22 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 166 16 0 0	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 0 436	E E	74,491.20 36,786.69 .00 .00 12,383.13	AVE PER	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40	PER ELIG .192 .028 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 166 16 0 0 46 45	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 0 436 433	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69	AVE PER	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89	PER ELIG .192 .028 .000 .000 .074	S	USER 448.74 2299.17 .00 .00 269.20 172.15		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS 166 16 0 0 46 45 0	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 436 433 0	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89	PER ELIG .192 .028 .000 .000 .074 .073	S	USER 448.74 2299.17 .00 .00 269.20 172.15		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 166 16 0 0 46 45 0 3	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 436 433 0 3	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48	PER ELIG .192 .028 .000 .000 .074 .073 .000	S	USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 166 16 0 0 46 45 0 3 0	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 436 433 0 3 0	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001	S	USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 166 16 0 0 46 45 0 3 0 0	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 436 433 0 3 0 0	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001	S	USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 166 16 0 0 46 45 0 3 0 0 90	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 436 433 0 3 0 0 90	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 105.00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 166 16 0 0 46 45 0 3 0 0 90 0	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 436 433 0 3 0 90	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 105.00 .00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 166 16 0 0 46 45 0 3 0 0 90 0 0	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 436 433 0 3 0 90 0	E E	74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 105.00 .00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 166 16 0 0 46 45 0 3 0 0 90 0 0 0 0	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 436 433 0 3 0 90 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 105.00 .00 .00 .00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 166 16 0 0 46 45 0 3 0 0 90 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 166 16 0 0 46 45 0 3 0 0 90 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 166 16 0 0 46 45 0 0 90 0 0 0 8	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .0		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	SUMMARY OF SERV USERS 166 16 0 0 46 45 0 0 90 0 0 0 0 0 8 8	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .258.59 258.59	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .00 .00 .171 1.71
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	USERS 166 16 0 0 46 45 0 0 90 0 0 0 88 8	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .00 .171 1.71 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 166 16 0 0 46 45 0 0 90 0 0 88 8 0 0 0 0	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .171 1.71 .00 .00
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 166 16 0 0 46 45 0 0 90 0 0 0 88 8 0 0 2	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .1.71 1.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS 166 16 0 0 46 45 0 3 0 0 90 0 0 0 8 8 8 0 0 0 2 0	UNITS OF SERVIC OR DAYS OF CAR 1,137 165 0 436 433 0 0 90 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .00 .1.71 1.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
SONOMA COUNTY 5,913 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 166 16 0 0 46 45 0 0 90 0 0 0 88 8 0 0 2	UNITS OF SERVICOR DAYS OF CAR 1,137 165 0 436 433 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E E	EXPENDITURES 74,491.20 36,786.69 .00 .00 12,383.13 7,746.69 .00 4,636.44 .00 .00 9,450.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$	RAGE COST UNIT/DAY 65.52 222.95 .00 .00 28.40 17.89 .00 1545.48 .00 .00 105.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .192 .028 .000 .000 .074 .073 .000 .001 .000 .015 .000 .000 .000 .000 .000 .000 .000 .000	S	COST PER USER 448.74 2299.17 .00 .00 269.20 172.15 .00 1545.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		COST PER ELIGIBLE 12.60 6.22 .00 .00 2.09 1.31 .00 .78 .00 .00 1.60 .00 .00 .00 .1.71 1.71 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	1	400	193.04	.48	.068		193.04	.03
@CALIF. CHILDREN SERVICES*	106	7,022	\$ 316,163.12	\$ 45.02	1.188	\$:	2982.67	\$ 53.47
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,613 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR	REFUGEE	S	AID	CODES	01 02 08	0A				, ,
								MC	NT	HLY AVERA	GE	
09 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS				COST PER
		OR DAYS				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9		33	\$	1,359.86	\$	41.21	3.667	\$	151.10	\$	151.10
@PHYSICIANS SERVICES	1		3	\$	34.67	\$	11.56	.333	\$	34.67		3.85
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	1		3		34.67		11.56	.333		34.67		3.85
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	5		12	\$	616.12	\$	51.34	1.333	\$	123.22	\$	68.46
PRESCRIPTION DRUGS	5		12		616.12		51.34	1.333		123.22		68.46
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	5		12		616.12		51.34	1.333		123.22		68.46
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	1		2	\$	70.00	\$	35.00	.222	\$	70.00	\$	7.78
VISITS - DIAGNOSTIC	1		2		70.00		35.00	.222		70.00		7.78
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 15,614
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVIC	ES FOR REFUGEES	AID	CODES 01 02 08	0A		
					MON	THLY AVERA	GE
					1101.		00
09 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
09 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS		-
09 ELIGIBLES @OPTOMETRIST		OR DAYS OF CARE	\$ 82.29	PER UNIT/DAY \$ 20.57	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE \$ 9.14
		OR DAYS OF CARE		PER UNIT/DAY \$ 20.57	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		OR DAYS OF CARE	\$ 82.29	PER UNIT/DAY \$ 20.57 39.44	UNITS/DAYS PER ELIG .444 \$	COST PER USER 82.29 39.44 42.85	COST PER ELIGIBLE \$ 9.14 4.38 4.76
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED		OR DAYS OF CARE	\$ 82.29 39.44 42.85	PER UNIT/DAY \$ 20.57 39.44 14.28	UNITS/DAYS PER ELIG .444 \$.111 .333 .000	COST PER USER 82.29 39.44 42.85 .00	COST PER ELIGIBLE \$ 9.14 4.38 4.76 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR		OR DAYS OF CARE 4 1 3 0	\$ 82.29 39.44 42.85 .00 \$.00	PER UNIT/DAY \$ 20.57 39.44 14.28 .00 \$.00	PUNITS/DAYS PER ELIG .444 \$.111 .333 .000 .000 \$	COST PER USER 82.29 39.44 42.85 .00	COST PER ELIGIBLE \$ 9.14 4.38 4.76 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES		OR DAYS OF CARE 4 1 3 0	\$ 82.29 39.44 42.85	PER UNIT/DAY \$ 20.57 39.44 14.28 .00	UNITS/DAYS PER ELIG .444 \$.111 .333 .000	COST PER USER 82.29 39.44 42.85 .00	COST PER ELIGIBLE \$ 9.14 4.38 4.76 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR		OR DAYS OF CARE 4 1 3 0	\$ 82.29 39.44 42.85 .00 \$.00	PER UNIT/DAY \$ 20.57 39.44 14.28 .00 \$.00	PUNITS/DAYS PER ELIG .444 \$.111 .333 .000 .000 \$	COST PER USER 82.29 39.44 42.85 .00	COST PER ELIGIBLE \$ 9.14 4.38 4.76 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST		OR DAYS OF CARE 4 1 3 0 0 0 0	\$ 82.29 39.44 42.85 .00 \$.00 .00	PER UNIT/DAY \$ 20.57 39.44 14.28 .00 \$.00 .00 .00 .00	PER ELIG .444 \$.111 .333 .000 .000 \$.000 .000	COST PER USER 82.29 39.44 42.85 .00 .00 .00	COST PER ELIGIBLE \$ 9.14 4.38 4.76 .00 \$.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS		OR DAYS OF CARE 4 1 3 0 0 0 0	\$ 82.29 39.44 42.85 .00 \$.00 .00 .00	PER UNIT/DAY \$ 20.57 39.44 14.28 .00 \$.00 .00 .00 .00 .00	PER ELIG .444 \$.111 .333 .000 .000 \$.000 .000 .000 \$.000	COST PER USER 82.29 39.44 42.85 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 9.14 4.38 4.76 .00 \$.00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST		OR DAYS OF CARE 4 1 3 0 0 0 0	\$ 82.29 39.44 42.85 .00 \$.00 .00	PER UNIT/DAY \$ 20.57 39.44 14.28 .00 \$.00 .00 .00 .00	PER ELIG .444 \$.111 .333 .000 .000 \$.000 .000	COST PER USER 82.29 39.44 42.85 .00 .00 .00	COST PER ELIGIBLE \$ 9.14 4.38 4.76 .00 \$.00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.00

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	3	\$	105.00	\$	35.00	.333	\$	105.00	\$	11.67
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	3		105.00		35.00	.333		105.00		11.67
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	3		105.00		35.00	.333		105.00		11.67
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	ES MO	NTH-OF-PAYMENT RI	EPOR	r for jan 2	2004 THRU D	DEC	2004	PA	GE 15,615
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	S	AID 0	CODES	S 01 02 08	0A				
							MC	NTF	HLY AVERA	GE -	
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5 (C	OST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3	\$	105.00	\$	35.00	.333	\$		\$	11.67
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	3		105.00		35.00	.333		105.00		11.67
MEDICAL	0	0		.00		.00	.000		.00		.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	3		105.00		35.00	.333		105.00		11.67
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									.00
CROSSOVERS/ALL OTH OUTPTNT	0		<u> </u>	.00	^	.00	.000	<u> </u>	.00	<u>^</u>	
@STATE HOSPITAL	Ü	0	\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U	Ü		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	ċ		\$			Ċ		ċ	
@HEMODIALYSIS TOTAL	0		\$.00	Ş	.00	.000	Þ	.00	\$.00
HOSPITAL BASED	O	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	34.16	\$	11.39	.333	Ś	34.16	Ś	3.80
PATHOLOGY	1	3	Τ	34.16	т	11.39	.333	τ.	34.16	т	3.80
	0	0				.00					
XO AND OTHERS	0		<u> </u>	.00	^		.000	<u> </u>	.00	<u>^</u>	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	400.98	\$	100.25	. 444	۶	100.25	\$	44.55
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4		400.98		100.25	.444		100.25		44.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 15,616
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY		CES FOR REFUGEES	c	7 T D	CODES	01 02 08	0.7\				03/11/03
SONOMA COUNTI	SUMMAKI OF SERV.	ICES FOR REFUGEE.	0	AID	CODES	01 02 00		r n n n		CE.	
00 51 10151 50					3	D3.0E 00.0E			HLY AVERA		
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	16.64	\$	8.32	.222	\$	16.64	\$	1.85
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER TRANS	0	•		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	2		16.64		8.32	.222		16.64		1.85
	0	2									
PHYSICAL THERAPIST	· · · · · · · · · · · · · · · · · · ·	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,617

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

					MO1	THLY AVERAC	GE
369 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	498	5,400 \$	546,537.31	\$ 101.21	14.634	1097.46	\$ 1481.13
@PHYSICIANS SERVICES	300	3 , 169 \$	239,810.18	\$ 75.67	8.588	799.37	\$ 649.89
OUTPATIENT VISITS	159	258	9,018.87	34.96	.699	56.72	24.44
OFFICE VISITS	147	237	7,708.48	32.53	.642	52.44	20.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	16	1,177.03	73.56	.043	84.07	3.19
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	133.36	26.67	.014	26.67	.36
INPATIENT VISITS	14	46	3,001.99	65.26	.125	214.43	8.14
HOSPITAL VISITS	14	31	1,554.19	50.14	.084	111.01	4.21
CRITICAL CARE	1	15	1,447.80	96.52	.041	1447.80	3.92
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	11	442.26	40.21	.030	40.21	1.20
EXAMINATIONS	11	11	442.26	40.21	.030	40.21	1.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	156	11,662.65	74.76	.423	555.36	31.61
PRINCIPAL SURGEON	12	19	8,814.81	463.94	.051	734.57	23.89
ASSISTANT SURGEON	3	3	347.45	115.82	.008	115.82	.94
ANESTHESIOLOGIST	7	134	2,500.39	18.66	.363	357.20	6.78
OUTPATIENT SURGERY	48	382	10,061.36	26.34	1.035	209.61	27.27
PRINCIPAL SURGEON	31	37		203.50	.100	242.89	20.41
ASSISTANT SURGEON	1	1		50.54		50.54	.14
ANESTHESIOLOGIST	18	344	2,481.22	7.21	.932	137.85	6.72
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	96	282	7,747.61	27.47	.764	80.70	21.00
RADIOLOGY	120	470	36,532.08	77.73		304.43	99.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	50	1 , 355		113.93		3087.62	418.38
OTHER SERVICES/ALL X-OVERS	65	209	6 , 962.50			107.12	18.87
@PHARMACY	275	1,084 \$	80,060.94	\$ 73.86	2.938	291.13	\$ 216.97
PRESCRIPTION DRUGS	274	975	79,586.53	81.63		290.46	215.68
SNF/ICF	0	0	.00	.00			.00
OUTPATIENTS	274	975	79,586.53	81.63	2.642	290.46	215.68

MEDICAL SUPPLIES	9		109		474.41		4.35	.295		52.71		1.29
@DENTIST	8		31	Ś	1,895.00			.084	Ś	236.88	Ś	5.14
VISITS - DIAGNOSTIC	4		13	•	75.00		5.77	.035		18.75		.20
ORAL SURGERY	1		1		45.00		45.00	.003		45.00		.12
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	1		1		118.00		118.00	.003		118.00		.32
ENDODONTICS	1		1		260.00		260.00	.003		260.00		.70
RESTORATIVE DENTISTRY	2		13		497.00		38.23	.035		248.50		1.35
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1		2		900.00		450.00	.005		900.00		2.44
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	C VID EA	DEMDIUI. O	IDEC MONE					DEC		Ъ	AGE 15,618
MOP024	FEE-FOR-SERVICE/		PENDIIC	JRES MONI	H-OF-PAIMENI	REPU	RI FOR JAN	2004 IHRU	DEC	2004	P.	03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE		DCCMD			7 TD (CODES OM ON	I OD				03/14/03
SONOMA COUNTY	SUMMARI OF SERVI	CES FUR	BCCIP-	- F E D E RAL		AID (CODES OM ON			HLY AVERA	CE	
369 ELIGIBLES	USERS	UNITS OF	CEDIII	70	EXPENDITURES	, 27.1	VERAGE COST			COST PER		COST PER
203 ELIGIBLES	USERS	OR DAYS			EVLENDIIOVES		VERAGE COST ER UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	8	OR DAIS	28	₹£ \$	638.62		- ,	.076		79.83		1.73
	4		20 5	ş	181.79		36.36	.014	Ą	45.45	ې	.49
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	7		21		330.73		15.75	.014		47.25		.90
OTHER OPTOMETRIC SERVICES	2		2		126.10		63.05	.005		63.05		.34
	2		0	Ś	.00		.00	.003	ċ	.00	ċ	.00
@CHIROPRACTOR	0		0	ş	.00		.00	.000	Ą	.00	ې	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		2	Ś	74.50		.00 37.25	.000	ć	74.50	<u>_</u>	.20
@PODIATRIST	1		1	Ş					Ş		Ş	
MEDICINE/INJECTIONS	0		0		57.20		57.20	.003		57.20 .00		.16
SURGERY/ANES.	1		1		.00 17.30		.00 17.30	.000		17.30		.00 .05
RADIO./PATHOLOGY OTHER	0		0		.00		.00	.003		.00		
	0		0	Ć				.000	ć		<u>_</u>	.00
@HOME HEALTH AGENCY NURSE ANESTHESIST	1		6	۶ \$.00 150.05		.00 25.01	.000	\$.00 150.05	\$ \$.41
	0		0	\$ \$	150.05					.00	ş S	.00
NURSE MIDWIFE	•		0	\$ \$.00		.00	.000	\$.00	۶ \$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$ \$.000				
FAMILY NURSE PRACTITIONER	•		-	ې د	.00		.00	.000		.00	\$.00
@TOTAL HOSPITAL	145 13		685 44	Ş	197,469.08			1.856		1361.86	\$	535.15
HOSP INPATIENT TOTAL			44		161,087.16		3661.07	.119		12391.32		436.55
HSC HOSPITALS	3		_		12,363.00		1373.67	.024		4121.00		33.50
NON-HSC HOSPITAL TOTAL	10		35		148,724.16		4249.26	.095		14872.42		403.05
ACCOMMODATIONS	10		35		29,204.97		834.43	.095		2920.50		79.15
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10		35		29,204.97		834.43	.095		2920.50		79.15
ANCILLARIES	10		0		119,519.19)	.00	.000		11951.92		323.90

0

0

641

36

31

203

148

95

.00

.00

36,381.92

1,831.26

1,820.07

2,842.37

22,260.75

5,439.88

.00

.00

56.76

50.87

58.71

14.00

150.41

57.26

.000

.000

.098

.084

.550

.401

.257

1.737

.00

.00

265.56

76.30

65.00

41.80

90.66

359.04

.00

.00

98.60

4.96

4.93

7.70

60.33

14.74

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

0

137

24

28

68

62

60

QCOUNTY HOSPITAL TOTAL
HSC HOSPITALS
NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE
ALL OTHER ACCOM 0 0 0 00 00 00 00 00 00 00 00 00 00 00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0
ALL OTHER INPATIENT O
CO HOSP OUTPATIENT TOTAL 0 0 .00
MEDICAL 0 0 .00
SURGERY 0 0 0 0 0 0 0 00 00 00 00 00 00 00 00
PATHOLOGY 0 0 .00 </td
RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,619 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P
MONTHLY AVERAGE
369 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 145 685 \$ 197,469.08 \$ 288.28 1.856 \$ 1361.86 \$ 535.15
COMM HOSP INPATIENT TOTAL 13 44 161,087.16 3661.07 .119 12391.32 436.55
HSC HOSPITALS 3 9 12,363.00 1373.67 .024 4121.00 33.50
NON-HSC HOSPITALS TOTAL 10 35 148,724.16 4249.26 .095 14872.42 403.05
ACCOMMODATIONS 10 35 29,204.97 834.43 .095 2920.50 79.15
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00

ALL OTHER ACCOM	10	35		29,204.97		834.43	.095		2920.50		79.15
ANCILLARIES	10	0		119,519.19		.00	.000		1951.92		323.90
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0 137	641		36,381.92		56.76	1.737		265.56		98.60
MEDICAL	24	36		1,831.26		50.87	.098		76.30		4.96
SURGERY	28	31		1,820.07		58.71	.084		65.00		4.93
PATHOLOGY	68	203		2,842.37		14.00	.550		41.80		7.70
RADIOLOGY	62	148		22,260.75		150.41	.401		359.04		60.33
ROOM USE	60	95		5,439.88		57.26	.257		90.66		14.74
CROSSOVERS/ALL OTH OUTPTNT		128		2,187.59		17.09	.347		45.57		5.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
GREHABILITATION FACILITY	0	•	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	47	0	ć	.00	Ċ	.00	.000	ċ	.00	ć	.00
@LABORATORY FACILITY	47	149 149	\$	2,168.87	\$	14.56	.404	Þ	46.15 46.15	Þ	5.88 5.88
	4 /	149		2,168.87 .00		14.56	.404		.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	69	117	Ś	16,134.61	\$	137.90	.317	ċ	233.83	ċ	43.73
CLINIC CLINIC	0	0	ې	.00	Ą	.00	.000	ş	.00	ş	.00
SURGICENTER	0	7		571.91		81.70	.019		285.96		1.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	68	110		15,562.70		141.48	.298		228.86		42.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		IRES MO		EPORT			DEC		ΡZ	AGE 15,620
MOP024	FEE-FOR-SERVICE/D		JI(LID 110.	IVIII OI IIIIIIIIVI IX	DI OIKI	1010 07110	2001 1111(0 1		2001		03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE		-FEDERA	T, A	TD CO	DES OM ON	0 P				03/11/03
SCHOILI COCHII	Sommit of SERVIO	do ron boom	I DDDIGI		10 00	DEC 011 010	MO	НТИС	ILY AVERA	GE -	
369 ELIGIBLES	USERS U	NITS OF SERVIC	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	17	129	\$	8,135.46	\$	63.07	.350	Ś	478.56		22.05
	0	0		.00			.000				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	7	65		1,092.95		16.81	.176		156.14		2.96
AMBULANCES/AIR TRANS	7	65		1,092.95		16.81	.176		156.14		2.96
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.003		105.00		.28

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	8	16	159.48	9.97	.043		19.94	.43
PHYSICAL THERAPIST	1	2	51.88	25.94	.005		51.88	.14
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	1	45	6,726.15	149.47	.122	6	726.15	18.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	16	\$ 681.05	\$ 42.57	.043	\$	97.29	\$ 1.85

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,621
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----181 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 4.309 \$ 795.81 \$ 685.89 @TOTAL, ALL PROVIDERS 156 780 124,146.50 \$ 159.16 1.160 \$ 183.25 \$ @PHYSICIANS SERVICES 64 210 11,727.72 \$ 55.85 64.79 .326 38 59 28.22 43.81 OUTPATIENT VISITS 1,664.92 .166 .000 .03° 24 30.22 37.77 OFFICE VISITS 30 906.50 5.01 .00 .00 .00 HOME VISITS 0 0 .00 382.74 EMERGENCY ROOM 54.68 76.55 2.11 0 .00 .00 .00 .000 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 .00 .00 17.08 37.29 .00 .000 .00 .00 375.68 12 22 OTHER OUTPATIENT .122 31.31 2.08 7 17 633.94 .094 90.56 INPATIENT VISITS 633.94 37.29 90.56 HOSPITAL VISITS 17 .094 3.50 .00 .00 CRITICAL CARE .00 .000 .00 .00 .00 Ω .00 .000 SNF/ICF/TRANS IP CARE .00 .00 0 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 EXAMINATIONS .00 .000 .00 .00 .00 .00 0 SERVICES AND MATERIALS .00 .000 .00 1,501.60 83.42 1,190.15 238.03 INPATIENT HOSPITAL SURGERY 18 .099 300.32 5 238.03 .028 396.72 PRINCIPAL SURGEON 67.39 67.39 .006 67.39 .37 ASSISTANT SURGEON 122.03 ANESTHESIOLOGIST 12 244.06 20.34 .066 1.35 OUTPATIENT SURGERY 18 950.05 52.78 .099 105.56 13 842.03 64.77 105.25 PRINCIPAL SURGEON .072 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 108.02 21.60 54.01 ANESTHESIOLOGIST .028 .60 .00 .00 .000 .00 .00 DIALYSIS 8 14 PATHOLOGY 574.50 41.04 .077 71.81 3.17 8.0 6,151.68 76.90 279.62 RADIOLOGY .442 33.99 .00 PSYCHIATRY .00 .00 .000 .00

IMMUNIZATION AND INJECTION	0	0		0 0	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	4	251.)3	62.76	.022		83.68		1.39
@PHARMACY	109	314	46,298.	94 \$	147.45	1.735	\$	424.76	\$	255.80
PRESCRIPTION DRUGS	109	310	46,085.	11	148.66	1.713		422.80		254.62
SNF/ICF	0	0		0 (.00	.000		.00		.00
OUTPATIENTS	109	310	46,085.	11	148.66	1.713		422.80		254.62
MEDICAL SUPPLIES	4	4	213.	53	53.38	.022		53.38		1.18
@DENTIST	0	0 9		00 \$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		0 (.00	.000		.00		.00
ORAL SURGERY	0	0		0 (.00	.000		.00		.00
DRUGS	0	0		0 (.00	.000		.00		.00
ANESTHESIA	0	0		0 (.00	.000		.00		.00
PERIODONTICS	0	0		0 (.00	.000		.00		.00
ENDODONTICS	0	0		0 (.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		0 (.00	.000		.00		.00
PROSTHETICS	0	0		0 (.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		0 (.00	.000		.00		.00
SPACE MAINTAINERS	0	0		0 (.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		0 (.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		0 (.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		0 (.00	.000		.00		.00
ALL OTHER SERVICES	0	0		0 (.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	S MONTH-OF-PAYMEN	REPOR	T FOR JAN	2004 THRU	DEC 2	2004	PA	GE 15,622

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

FEE-FOR-SERVICE/DENTAL

MOP024

SONOMA COUNTY

03/14/05

----- MONTHLY AVERAGE -----181 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 0 .00 \$.00 @OPTOMETRIST 0 \$.000 \$.00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 \$.00 \$ @CHIROPRACTOR .00 .000 \$.00 .00 .00 VISITS .00 .000 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 .000 .00 MEDICINE/INJECTIONS 0 .00 .00 0 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 .00 \$.00 .000 \$.00 \$ @HOME HEALTH AGENCY 70.51 \$ 17.63 .022 \$ 70.51 \$ NURSE ANESTHESIST .39 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 .00 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .000 \$ 0 .00 FAMILY NURSE PRACTITIONER 0 .00 \$.000 \$.00 \$.00 338.41 189 63,958.94 1.044 \$ 2459.96 \$ @TOTAL HOSPITAL 353.36 HOSP INPATIENT TOTAL 30 55,589.37 1852.98 .166 13897.34 13 22,217.00 1709.00 HSC HOSPITALS .072 11108.50 122.75 NON-HSC HOSPITAL TOTAL 17 33,372.37 1963.08 .094 16686.19 184.38 514.92 .00 .00 514.92 .00 .00 17 .094 4376.82 48.36 ACCOMMODATIONS 8,753.64 0 0 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 17 .094 4376.82 8,753.64 48.36 ALL OTHER ACCOM 12309.37 ANCILLARIES 0 24,618.73 .000 136.02 INPATIENT CROSSOVERS 0 .00 .000 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00

HOSP OUTPATIENT TOTAL	24	159		8,369.57		52.64	.878		348.73		46.24
MEDICAL	2	4		154.16		38.54	.022		77.08		.85
SURGERY	5	6		372.36		62.06	.033		74.47		2.06
PATHOLOGY	10	38		504.96		13.29	.210		50.50		2.79
RADIOLOGY	10	20		2,834.80	1	41.74	.110		283.48		15.66
ROOM USE	12	22		693.45		31.52	.122		57.79		3.83
CROSSOVERS/ALL OTH OUTPINT	9	69		3,809.84		55.22	.381		423.32		21.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MONTH-C	F-PAYMENT RE	EPORT F	OR JAN 200	4 THRU	DEC 2	2004	PAG	GE 15,623
MOP024	FEE-FOR-SERVICE/DENTAL				_						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-S	STATE-ONLY	AID C	CODES 0	R 0T 0U 0V					

SONOMA COUNTI	SOMMAN OF SERV	VICES FOR DECIL 5	TATE	ONDI	CODES ON OI OO				
							ONTHLY AVERA		
181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	/		-	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	189	\$	63 , 958.94	\$ 338.41	1.044	\$ 2459.96	\$	353.36
COMM HOSP INPATIENT TOTAL	4	30		55 , 589.37	1852.98	.166	13897.34		307.12
HSC HOSPITALS	2	13		22,217.00	1709.00	.072	11108.50		122.75
NON-HSC HOSPITALS TOTAL	2	17		33,372.37	1963.08	.094	16686.19		184.38
ACCOMMODATIONS	2	17		8,753.64	514.92	.094	4376.82		48.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	17		8,753.64	514.92	.094	4376.82		48.36
ANCILLARIES	2	0		24,618.73	.00	.000	12309.37		136.02
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	24	159		8 , 369.57	52.64	.878	348.73		46.24
MEDICAL	2	4		154.16	38.54	.022	77.08		.85
SURGERY	5	6		372.36	62.06	.033	74.47		2.06
PATHOLOGY	10	38		504.96	13.29	.210	50.50		2.79
RADIOLOGY	10	20		2,834.80	141.74	.110	283.48		15.66
ROOM USE	12	22		693.45	31.52	.122	57.79		3.83
CROSSOVERS/ALL OTH OUTPTNT	9	69		3,809.84	55.22	.381	423.32		21.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REGULAR 0 0 .00 .00 .00 .00	.00
@INTERMEDIATE CARE FACILDD	.00
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 8 29 \$ 323.71 \$ 11.16 .160 \$ 40.46 \$	1.79
PATHOLOGY 8 29 323.71 11.16 .160 40.46	1.79
XO AND OTHERS 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 11 31 \$ 1,622.53 \$ 52.34 .171 \$ 147.50 \$	8.96
CLINIC 4 24 811.84 33.83 .133 202.96	4.49
SURGICENTER 0 0 0 .00 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 7 7 810.69 115.81 .039 115.81	4.48
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 P.	AGE 15,624
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV	
MONTHLY AVERAGE	
181 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	ELIGIBLE
@ALL OTHER PROVIDERS 1 3 \$ 144.15 \$ 48.05 .017 \$ 144.15 \$.80
DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00	.00
BLOOD BANK 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 1 3 144.15 48.05 .017 144.15	.80

AMBULANCES/AIR TRANS	1	3	144.15	48.05	.017	144.15	.80
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	2	29 \$	2,365.19	\$ 81.56	.160	\$ 1182.60	\$ 13.07

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,625
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

					MC	NTHLY AVERA	ΔE	
550 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	654	6,180	\$ 670,683.81	\$ 108.52	11.236	\$ 1025.51	\$	1219.43
@PHYSICIANS SERVICES	364	3 , 379	\$ 251 , 537.90	\$ 74.44	6.144	\$ 691.04	\$	457.34
OUTPATIENT VISITS	197	317	10,683.79	33.70	.576	54.23		19.43
OFFICE VISITS	171	267	8,614.98	32.27	.485	50.38		15.66
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	19	23	1,559.77	67.82	.042	82.09		2.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	17	27	509.04	18.85	.049	29.94		.93
INPATIENT VISITS	21	63	3,635.93	57.71	.115	173.14		6.61
HOSPITAL VISITS	21	48	2,188.13	45.59	.087	104.20		3.98
CRITICAL CARE	1	15	1,447.80	96.52	.027	1447.80		2.63
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	11	11	442.26	40.21	.020	40.21		.80
EXAMINATIONS	11	11	442.26	40.21	.020	40.21		.80
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	26	174	13,164.25	75.66	.316	506.32		23.94
PRINCIPAL SURGEON	15	24	10,004.96	416.87	.044	667.00		18.19
ASSISTANT SURGEON	4	4	414.84	103.71	.007	103.71		.75
ANESTHESIOLOGIST	9	146	2,744.45	18.80	.265	304.94		4.99
OUTPATIENT SURGERY	57	400	11,011.41	27.53	.727	193.18		20.02
PRINCIPAL SURGEON	39	50	8,371.63	167.43	.091	214.66		15.22

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1		50.54		50.54	.002		50.54		.09
ANESTHESIOLOGIST	20	349		2,589.24		7.42	.635		129.46		4.71
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	104	296		8,322.11		28.12	.538		80.02		15.13
RADIOLOGY	142	550		42,683.76	· i	77.61	1.000		300.59		77.61
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	50	1,355		154,380.86	· i	113.93	2.464		3087.62		280.69
OTHER SERVICES/ALL X-OVERS	68	213		7,213.53		33.87	.387		106.08		13.12
@PHARMACY	384	1,398	\$	126,359.88	\$	90.39	2.542	\$	329.06	\$	229.75
PRESCRIPTION DRUGS	383	1,285		125,671.94		97.80	2.336		328.13		228.49
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	383	1,285		125,671.94		97.80	2.336		328.13		228.49
MEDICAL SUPPLIES	13	113		687.94		6.09	.205		52.92		1.25
@DENTIST	8	31	\$	1,895.00	\$	61.13	.056	\$	236.88	\$	3.45
VISITS - DIAGNOSTIC	4	13		75.00		5.77	.024		18.75		.14
ORAL SURGERY	1	1		45.00		45.00	.002		45.00		.08
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.002		118.00		.21
ENDODONTICS	1	1		260.00		260.00	.002		260.00		.47
RESTORATIVE DENTISTRY	2	13		497.00		38.23	.024		248.50		.90
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.004		900.00		1.64
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 15,626
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ									03/14/05

----- MONTHLY AVERAGE -----550 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 28 .051 \$ 79.83 \$ 1.16 @OPTOMETRIST 638.62 \$ 22.81 DIAGNOSTIC AND ANC. PROCED 5 181.79 36.36 .009 45.45 .33 330.73 15.75 126.10 63.05 330.73 47.25 EYE APPLIANCES 21 .038 .60 .004 63.05 .23 OTHER OPTOMETRIC SERVICES .00 .00 \$ @CHIROPRACTOR 0 .00 \$.000 \$.00 .00 .00 .00 VISITS .000 .00 0 .00 .00 .000 .00 OTHER SERVICES 74.50 \$ @PODIATRIST 37.25 .004 \$ 74.50 \$.14 57.20 MEDICINE/INJECTIONS 57.20 .002 57.20 .10 .00 .00 .000 .00 SURGERY/ANES. 17.30 RADIO./PATHOLOGY 1 17.30 .002 17.30 .03 0 .00 OTHER .00 .000 .00 . 00 @HOME HEALTH AGENCY 0 \$.00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST 10 220.56 \$ 22.06 .018 \$ 110.28 \$.40 NURSE MIDWIFE 0 \$.00 .00 .000 \$.00 \$.00 .00 0 \$.00 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .000 \$.00 \$.00 261,428.02 @TOTAL HOSPITAL 171 874 299.12 1.589 \$ 1528.82 \$ 17 74 2928.06 12745.68 216,676.53 .135 HOSP INPATIENT TOTAL 5 22 34,580.00 1571.82 .040 6916.00 62.87 HSC HOSPITALS 12 52 182,096.53 3501.86 .095 15174.71 NON-HSC HOSPITAL TOTAL 331.08 ACCOMMODATIONS 12 37,958.61 729.97 .095 3163.22 69.02

SUMMARY OF SERVICES FOR BCCTP-TOTAL

SONOMA COUNTY

ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00 .00 .37,958.61 144,137.92 .00 .00 44,751.49 1,985.42 2,192.43 3,347.33 25,095.55 6,133.33 5,997.43 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	12	52		37,958.61	729.97	.095	3163.22	69.02	
ANCILLARIES	12	0		144,137.92	.00	.000	12011.49	262.07	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	161	800		44.751.49	55.94	1.455	277.96	81.37	
MEDICAL	26	40		1,985.42	49.64	.073	277.96 76.36	3.61	
SURGERY	33	37		2,192.43	59.25	.067	66.44	3.99	
PATHOLOGY	78	241		3.347.33	13.89	.438	42.91	6.09	
RADIOLOGY	72	168		25,095.55	149.38	.305	348.55	45.63	
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	72	117		6.133.33	52.42	.213	66.44 42.91 348.55 85.19	11.15	
CROSSOVERS/ALL OTH OUTPTNT	57	197		5.997.43	30.44	.358	105.22	10.90	
@COUNTY HOSPITAL TOTAL	0	0	Ś	00	\$ 00	000			
CO HOSPITAL INPATIENT TOTAL	0 0 0	0	Ψ	0.0	00	000	00	.00	
HSC HOSPITALS	0	0		0.0	00	000	00	.00	
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	0	0		0.0	00	000	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00	
ACCOMMODATIONS	0	0		.00	.00	000	00	.00	
ADMINISTRATIVE DAVS	0	0		.00	00	000	00	.00	
TRANSITTIONAL TO CARE	0	0		.00	.00	000	00	.00	
ALL OTHER ACCOM	0	0		.00	.00	000	00	.00	
ALL OTHER ACCOM	0	0		.00	.00	000	.00	.00	
TNDATTENT CDOCCOVEDS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INDATTENT	0	0		.00	.00	.000	.00	.00	
CO HOCD OUTDATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
DARILOLOGY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00		
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	U	U		.00	.00	.000	.00	.00	,
	MEDI-CAL SERVICE	S AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU D	EC 2004		
MOP024 SONOMA COUNTY	FEE-FOR-SERVICE	DENTAL						03/14/05	
SONOMA COUNTY	SUMMARY OF SERVI	ICES FOR BCCTP-T	OTAL					C.T.	
550 DITOTRING							NTHLY AVERA		
550 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
0.000,000,000,000,000,000,000,000,000,0	1.71	OR DAYS OF CARE	i	0.61 400 00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
GCOMMUNITY HOSPITAL TOTAL	171	8 / 4	Ş	261,428.02	\$ 299.12	1.589	\$ 1528.82	\$ 4/5.32	
COMM HOSP INPATIENT TOTAL	1 /	/4		216,676.53	2928.06	.135	12/45.68	393.96	
HSC HOSPITALS	5	22		34,580.00	15/1.82	.040	6916.00	62.87	
NON-HSC HOSPITALS TOTAL	12	52		182,096.53	3501.86	.095	151/4./1	331.08	
ACCOMMODATIONS	12	52		37,958.61	729.97	.095	3163.22	69.02	
ADMINISTRATIVE DAYS	U	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	12	52		37,958.61	729.97	.095	3163.22	69.02	
GCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	12	0		144,137.92	.00	.000	12011.49	262.07	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	161	800		44,751.49	55.94	1.455	277.96	81.37	
MEDICAL	26	40		1,985.42	49.64	.073	76.36	3.61	
SURGERY	33	37		2,192.43	59.25	.067	66.44	3.99	
DATECT OCV	7.0	2/11		3 3/17 33	13 90	138	12 91	6 0 0	

78

72

72

57

0

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

241

168

117

197

0

3,347.33

6,133.33

5,997.43

.00

\$

25,095.55

13.89

52.42

30.44

.00

149.38

42.91

85.19

.00 \$

348.55

105.22

6.09

45.63

11.15

10.90

.00

.438

.305

.213

.358

.000 \$

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	55	178	\$	2,492.58	\$	14.00	.324	\$	45.32	\$	4.53
PATHOLOGY	55	178	·	2,492.58		14.00	.324		45.32		4.53
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	80	148	\$	17,757.14	\$			\$	221.96	Ś	32.29
CLINIC	4	24	7	811.84	,	33.83	.044	7	202.96	7	1.48
SURGICENTER	2	7		571.91		81.70	.013		285.96		1.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	75	117		16,373.39		139.94	.213		218.31		29.77
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	EPORT			DEC		PZ	GE 15,628
MOP024	FEE-FOR-SERVICE		1110 110		CDI OICI	1010 01110	2001 111110	DLC	2001		03/14/05
SONOMA COUNTY		ICES FOR BCCTP-	т∩тат.								03/11/03
BONOTH COONT	DOINING OF BEILV	ICED TON DOCT	101111				M	ONT	HLY AVERA	GE -	
550 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	-	OST PER
000 221012220	002110	OR DAYS OF CAR		2111 2113 1 1 0 1 1 2 0			PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	18	132	\$	8,279.61	\$	62.72	.240		459.98		15.05
DURABLE MED. EQUIP.	0	0	7	.00	,	.00	.000	7	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	· ·	O .									2.25
AMBULANCES/AIR TRANS	8	68							154.64		
OTHER TRANS	8 8	68 68		1,237.10		18.19	.124		154.64 154.64		
	8 8 0	68		1,237.10 1,237.10		18.19 18.19	.124		154.64		2.25
OTHER SERVICES	8 8 0	68 0		1,237.10 1,237.10 .00		18.19 18.19 .00	.124 .124 .000		154.64		2.25
OTHER SERVICES	0	68 0 0		1,237.10 1,237.10 .00 .00		18.19 18.19 .00	.124 .124 .000		154.64 .00 .00		2.25 .00 .00
ACUPUNCTURE	0	68 0 0 0		1,237.10 1,237.10 .00 .00		18.19 18.19 .00 .00	.124 .124 .000 .000		154.64 .00 .00		2.25 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0	68 0 0		1,237.10 1,237.10 .00 .00 .00		18.19 18.19 .00 .00 .00	.124 .124 .000 .000 .000		154.64 .00 .00 .00		2.25 .00 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 1	68 0 0 0 0 0		1,237.10 1,237.10 .00 .00 .00 .00		18.19 18.19 .00 .00 .00 .00	.124 .124 .000 .000 .000 .000		154.64 .00 .00 .00 .00		2.25 .00 .00 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0 0 1 0	68 0 0 0 0 0 1		1,237.10 1,237.10 .00 .00 .00 .00 .00		18.19 18.19 .00 .00 .00 .00 105.00	.124 .124 .000 .000 .000 .000 .000 .002		154.64 .00 .00 .00 .00		2.25 .00 .00 .00 .00 .19
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0 1	68 0 0 0 0 0 1 0		1,237.10 1,237.10 .00 .00 .00 .00 .00 105.00 .00		18.19 18.19 .00 .00 .00 .00 105.00 .00 .00	.124 .124 .000 .000 .000 .000 .000 .002 .000		154.64 .00 .00 .00 .00 105.00 .00		2.25 .00 .00 .00 .00 .19 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 1 0 0 8	68 0 0 0 0 1 0 0		1,237.10 1,237.10 .00 .00 .00 .00 105.00 .00 .00		18.19 18.19 .00 .00 .00 .00 105.00 .00 .00 .00 .00	.124 .124 .000 .000 .000 .000 .002 .000 .000		154.64 .00 .00 .00 .00 105.00 .00 .00		2.25 .00 .00 .00 .00 .19 .00 .00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 0 1 0 0 8 1	68 0 0 0 0 1 0 0 16 2		1,237.10 1,237.10 .00 .00 .00 .00 105.00 .00 .00 159.48 51.88		18.19 18.19 .00 .00 .00 .00 105.00 .00 .00 9.97 25.94	.124 .124 .000 .000 .000 .000 .002 .000 .000 .0		154.64 .00 .00 .00 .00 105.00 .00 .00 19.94 51.88		2.25 .00 .00 .00 .00 .19 .00 .00 .29
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	0 0 1 0 0 8	68 0 0 0 0 1 0 0		1,237.10 1,237.10 .00 .00 .00 .00 105.00 .00 159.48 51.88		18.19 18.19 .00 .00 .00 .00 105.00 .00 9.97 25.94 .00	.124 .124 .000 .000 .000 .000 .002 .000 .000 .0		154.64 .00 .00 .00 .00 105.00 .00 .00 19.94 51.88 .00		2.25 .00 .00 .00 .00 .19 .00 .00 .29 .09
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	0 0 1 0 0 8 1	68 0 0 0 0 1 0 0 16 2		1,237.10 1,237.10 .00 .00 .00 .00 105.00 .00 159.48 51.88 .00		18.19 18.19 .00 .00 .00 .00 105.00 .00 9.97 25.94 .00 .00	.124 .124 .000 .000 .000 .000 .002 .000 .000 .0		154.64 .00 .00 .00 .00 105.00 .00 .00 19.94 51.88 .00		2.25 .00 .00 .00 .00 .19 .00 .00 .29 .09
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	0 0 1 0 0 8 1	68 0 0 0 0 1 0 0 16 2		1,237.10 1,237.10 .00 .00 .00 .00 105.00 .00 159.48 51.88		18.19 18.19 .00 .00 .00 .00 105.00 .00 9.97 25.94 .00	.124 .124 .000 .000 .000 .000 .002 .000 .000 .0		154.64 .00 .00 .00 .00 105.00 .00 .00 19.94 51.88 .00		2.25 .00 .00 .00 .00 .19 .00 .00 .29 .09

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PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

0 1 0

0 45

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	45	\$ 3,046.24	\$ 67.69	.082	\$ 338.47	\$ 5.54

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,629
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

							MC	ONTHLY AVER	AGE	
249 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	39	1,049	\$	6,727.06	\$	6.41	4.213	\$ 172.49	\$	27.02
@PHYSICIANS SERVICES	30	46	\$	989.69	\$	21.52	.185	\$ 32.99	\$	3.97
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	30	46		989.69	21.52	.185	32.99		3.97
@PHARMACY	0	4	\$	312.90CR \$	78.23CR	.016 \$.00	\$	1.26CR
PRESCRIPTION DRUGS	0	4		312.90CR	78.23CR	.016	.00		1.26CR
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	4		312.90CR	78.23CR	.016	.00		1.26CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	1	4CR	\$.00 \$.00	.016CR\$.00	\$.00
VISITS - DIAGNOSTIC	1	2CR		.00	.00	.008CR	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	2CR		.00	.00	.008CR	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-	PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004		15,630
MOP024	FEE-FOR-SERVICE/DENTAL							0.	3/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	QMB - ON	ILY		AID CODE 80			_	
						MONTH	ily averag	E	

						1*10	DIN I	TITLI AARIVA	LGE.	
USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1	\$	24.50	\$	24.50	.004	\$	24.50	\$.10
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1		24.50		24.50	.004		24.50		.10
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
	USERS 0 0 0 0 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 1 0 0 0 0 0	OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE O	OR DAYS OF CARE 0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 0 0 \$.00 \$.00 .00 .00 \$ 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG COST PER USER 0 0 \$.00 \$.00 .	OR DAYS OF CARE O

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	27	\$	700.96	\$	25.96	.108	\$	140.19	\$	2.82
HOSP INPATIENT TOTAL	1	0		215.00		.00	.000		215.00		.86
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	Ô	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		215.00		.00	.000		215.00		.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	27		485.96		18.00	.108		97.19		1.95
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	27		485.96		18.00	.108		97.19		1.95
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	Y	.00	.000	۲	.00	Υ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0									
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE:	c MON					DEC		DΛ	.00 .GE 15,631
MOP024			S MON	IH-OF-FAIMENI KI	EFOR.	I FOR JAN 2	2004 INKU I		2004	FA	03/14/05
SONOMA COUNTY	FEE-FOR-SERVICE		T 37			AID CODE	0.0				03/14/03
SONOMA COUNTI	SUMMARI OF SERV	/ICES FOR QMB - ON	ΤΙ			AID CODE	MC		III V 717557	~ TT	
240 ELICIDIES	HOEDO	INTEG OF CEDUTCE		ENDENDIMIDEC	7. 7. 7.	EDACE COCE					
249 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		> '	COST PER		OST PER
	_	OR DAYS OF CARE		F00 06		R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		\$	700.96	\$	25.96	.108	Ş	140.19	Ş	2.82
COMM HOSP INPATIENT TOTAL	Ţ	0		215.00		.00	.000		215.00		.86
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		215.00		.00	.000		215.00		.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	27		485.96		18.00	.108		97.19		1.95
MEDICAL	0	0		.00		.00	.000		.00		.00
-1110101111	V	9		• • • •		• 0 0	• 0 0 0		• • • •		• 0 0

SURGERY	0	^		.00		0.0	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0							.00		.00
RADIOLOGY	0	0		.00		.00	.000				
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	27	<u> </u>	485.96	<u> </u>	18.00	.108	<u> </u>	97.19	<u>^</u>	1.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	2	0	\$	659.39	\$.00	.000	\$	329.70	\$	2.65
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	0		659.39		.00	.000		329.70		2.65
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	9	\$	4,390.02	\$	487.78	.036	\$	487.78	\$	17.63
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	9		4,390.02		487.78	.036		487.78		17.63
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	·	.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDTTI	TRES M		EPORT		2004 THRU	DEC		P.	AGE 15,632
MOP024	FEE-FOR-SERVICE/DENTAL				01.1						03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	OMB -	ONLY			AID CODE	80				33/11/03
		2	31.21				M	ОИТ	HLY AVERA	GE -	

					MON'	IHLY AVERAG	E
249 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	966 \$	275.40	\$.29	3.880 \$	55.08	\$ 1.11
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2	6.05	3.03	.008	6.05	.02	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	4	964	269.35	.28	3.871	67.34	1.08	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	38	1,049	\$ 7,039.96	\$ 6.71	4.213	\$ 185.26	\$ 28.27	
0.4 0.003.1.0 731 0.100.0 7.7310.0 3.00 0.731031	30 3 00030300		 					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,633 FEE-FOR-SERVICE/DENTAL

03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

SONOMA COUNTI	SUMMANT OF SEN	VICES FOR 133% FROGRAM	AID	CODES /2 /4 ON			
					MON	THLY AVERA	GE
19,573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,411	21,028 \$		\$ 50.38	1.074 \$	165.25	
@PHYSICIANS SERVICES	1,653	3,059 \$	114,459.39			69.24	\$ 5.85
OUTPATIENT VISITS	1,359	1,682	57 , 472.99			42.29	2.94
OFFICE VISITS	780	961	26,234.29	27.30	.049	33.63	1.34
HOME VISITS	0	0	.00	.00		.00	.00
EMERGENCY ROOM	536	615	28,107.04	45.70	.031	52.44	1.44
PREVENTIVE CARE	23	23	881.22	38.31	.001	38.31	.05
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	74	83	2,250.44	27.11	.004	30.41	.11
INPATIENT VISITS	33	113	8,313.66	73.57	.006	251.93	.42
HOSPITAL VISITS	28	106	7,115.68	67.13	.005	254.13	.36
CRITICAL CARE	5	7	1,197.98	171.14	.000	239.60	.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	13	602.18	46.32	.001	46.32	.03
EXAMINATIONS	13	13	602.18	46.32	.001	46.32	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	28	165	13,748.22	83.32	.008	491.01	.70
PRINCIPAL SURGEON	21	28	9,347.98	333.86		445.14	.48
ASSISTANT SURGEON	2	2	112.44	56.22		56.22	.01
ANESTHESIOLOGIST	14	135	4,287.80	31.76		306.27	.22
OUTPATIENT SURGERY	132	447	21,879.06	48.95	.023	165.75	1.12
PRINCIPAL SURGEON	95	116	13,527.70	116.62	.006	142.40	.69
ASSISTANT SURGEON	0	0	.00	.00		.00	.00
ANESTHESIOLOGIST	50	331	8,351.36	25.23		167.03	.43
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	103	171	3,155.26	18.45		30.63	
RADIOLOGY	216	296	4,441.33	15.00	.015	20.56	.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	9	191.10	21.23	.000	23.89	.01
OTHER SERVICES/ALL X-OVERS	77	163		28.56	.008	60.46	.24
@PHARMACY	2,008		110,704.85		.209 \$		
PRESCRIPTION DRUGS	2,001	3,358	101,369.94	30.19	.172	50.66	5.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,001	3,358	101,369.94	30.19	.172	50.66	5.18

MEDICAL SUPPLIES	49	733		9,334.91		12.74	.037		190.51		.48
@DENTIST	576	3,568	\$	99,492.90	Ś	27.88		Ś	172.73	Ś	5.08
VISITS - DIAGNOSTIC	465	2,142	·	29,036.45	·	13.56	.109	•	62.44	•	1.48
ORAL SURGERY	68	156		6,272.50		40.21	.008		92.24		.32
DRUGS	4	4		75.00		18.75	.000		18.75		.00
ANESTHESIA	3	5		200.00		40.00	.000		66.67		.01
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.00
ENDODONTICS	93	266		16,255.45		61.11	.014		174.79		.83
RESTORATIVE DENTISTRY	226	976		47,158.50		48.32	.050		208.67		2.41
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	3		440.00		146.67	.000		220.00		.02
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	16	15		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR:	r for jan 2	2004 THRU I	DEC	2004	P	AGE 15,634
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		JRES M	ONTH-OF-PAYMENT R	EPOR'	r for jan 2	2004 THRU I	DEC	2004	P	AGE 15,634 03/14/05
	FEE-FOR-SERVICE							DEC	2004	P	
MOP024 SONOMA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	C/DENTAL VICES FOR 133% F	PROGRA	M AID	CODES	5 72 74 8N	8P MC	ONT	HLY AVERA	GE	03/14/05
MOP024	FEE-FOR-SERVICE	C/DENTAL VICES FOR 133% F	PROGRA		CODES	5 72 74 8N ERAGE COST	8P MG UNITS/DAYS	ONT	HLY AVERA COST PER	GE	03/14/05 COST PER
MOP024 SONOMA COUNTY 19,573 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR 133% F UNITS OF SERVICE OR DAYS OF CAF	PROGRA	M AID EXPENDITURES	CODES	5 72 74 8N ERAGE COST R UNIT/DAY	8P MC UNITS/DAYS PER ELIG	ONTI	HLY AVERA COST PER USER	GE	03/14/05 COST PER ELIGIBLE
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR 133% F UNITS OF SERVICE OR DAYS OF CAF	PROGRA	M AID EXPENDITURES	CODES	S 72 74 8N ERAGE COST R UNIT/DAY 23.77	8P MC UNITS/DAYS PER ELIG .003	ONTI	HLY AVERA COST PER USER 51.51	GE	03/14/05 COST PER ELIGIBLE .06
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 24 14	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15	PROGRA CE RE	M AID EXPENDITURES 1,236.19 648.28	CODES AVI PEI	5 72 74 8N ERAGE COST R UNIT/DAY 23.77 43.22	8P MC UNITS/DAYS PER ELIG .003 .001	ONTI	HLY AVERA COST PER USER 51.51 46.31	GE	03/14/05 COST PER ELIGIBLE .06 .03
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15 35	PROGRA CE RE	M AID EXPENDITURES 1,236.19 648.28 495.01	CODES AVI PEI	5 72 74 8N ERAGE COST R UNIT/DAY 23.77 43.22 14.14	8P MC UNITS/DAYS PER ELIG .003 .001 .002	ONTI	HLY AVERA COST PER USER 51.51 46.31 33.00	GE	03/14/05 COST PER ELIGIBLE .06 .03 .03
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 24 14	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15	PROGRA CE RE \$	M AID EXPENDITURES 1,236.19 648.28 495.01 92.90	CODES AVI PEI \$	ERAGE COST R UNIT/DAY 23.77 43.22 14.14 46.45	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000	ONTI	HLY AVERA COST PER USER 51.51 46.31 33.00 46.45	GE \$	03/14/05 COST PER ELIGIBLE .06 .03 .03
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 24 14	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15 35 2 0	PROGRA CE RE	M AID EXPENDITURES 1,236.19 648.28 495.01 92.90 .00	CODES AVI PEI	ERAGE COST R UNIT/DAY 23.77 43.22 14.14 46.45 .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000	ONTI	HLY AVERA COST PER USER 51.51 46.31 33.00 46.45 .00	GE \$	03/14/05
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 24 14	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15 35 2 0 0	PROGRA CE RE \$	M AID EXPENDITURES 1,236.19 648.28 495.01 92.90 .00 .00	CODES AVI PEI \$	ERAGE COST R UNIT/DAY 23.77 43.22 14.14 46.45 .00 .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000	ONTI	HLY AVERA COST PER USER 51.51 46.31 33.00 46.45 .00	GE \$	03/14/05
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 24 14	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15 35 2 0	PROGRA CE RE \$	M AID EXPENDITURES 1,236.19 648.28 495.01 92.90 .00 .00 .00	CODES AVI PEI \$	ERAGE COST R UNIT/DAY 23.77 43.22 14.14 46.45 .00 .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000	ONTI \$ \$	HLY AVERA COST PER USER 51.51 46.31 33.00 46.45 .00 .00	GE \$	03/14/05 COST PER ELIGIBLE .06 .03 .03 .00 .00 .00
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 24 14	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15 35 2 0 0	PROGRA CE RE \$	M AID EXPENDITURES 1,236.19 648.28 495.01 92.90 .00 .00 .00 .00 .00	CODES AVI PEI \$	ERAGE COST R UNIT/DAY 23.77 43.22 14.14 46.45 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000 .000	ONTI	HLY AVERA COST PER USER 51.51 46.31 33.00 46.45 .00 .00 .00	GE \$	03/14/05 COST PER ELIGIBLE .06 .03 .03 .00 .00 .00 .00
MOP024 SONOMA COUNTY 19,573 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 24 14	C/DENTAL VICES FOR 133% F UNITS OF SERVIC OR DAYS OF CAF 52 15 35 2 0 0	PROGRA CE RE \$	M AID EXPENDITURES 1,236.19 648.28 495.01 92.90 .00 .00 .00	CODES AVI PEI \$	ERAGE COST R UNIT/DAY 23.77 43.22 14.14 46.45 .00 .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000	ONTI \$ \$	HLY AVERA COST PER USER 51.51 46.31 33.00 46.45 .00 .00	GE \$	03/14/05 COST PER ELIGIBLE .06 .03 .03 .00 .00 .00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	7	20 \$	1,485.16	\$ 74.26	.001		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	1,446	4,251 \$	349,561.99	\$ 82.23	.217	241.74	\$ 17.86
HOSP INPATIENT TOTAL	28	138	226,897.38	1644.18	.007	8103.48	11.59
HSC HOSPITALS	12	104	161,572.00	1553.58	.005	13464.33	8.25
NON-HSC HOSPITAL TOTAL	16	34	65,325.38	1921.33	.002	4082.84	3.34
ACCOMMODATIONS	16	34	25,572.65	752.14	.002	1598.29	1.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	34	25,572.65	752.14	.002	1598.29	1.31
ANCILLARIES	16	0	39,752.73	.00	.000	2484.55	2.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,428	4,113	122,664.61	29.82	.210	85.90	6.27
MEDICAL	571	725	25,568.98	35.27	.037	44.78	1.31
SURGERY	144	160	8,437.37	52.73	.008	58.59	.43
PATHOLOGY	266	1,030	11,231.94	10.90	.053	42.23	.57
RADIOLOGY	213	272	16,636.54	61.16	.014	78.11	.85
ROOM USE	1,061	1,306	51,233.07	39.23	.067	48.29	2.62
CROSSOVERS/ALL OTH OUTPTNT		620	9,556.71	15.41	.032	22.92	.49
@COUNTY HOSPITAL TOTAL	4	10 \$	478.24	\$ 47.82	.001		
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	10	478.24	47.82	.001	119.56	.02
MEDICAL	4	10	470.24 57.66	28.83	.000	28.83	.00
	2	2	.00	.00		.00	
SURGERY	0	2	27.46	13.73	.000	27.46	.00
PATHOLOGY		2	.00	.00	.000	.00	.00
RADIOLOGY	3	3		42.44			
ROOM USE		3	127.33 265.79	88.60	.000	42.44 132.90	.01 .01
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT					PAGE 15,635
MOP024	FEE-FOR-SERVICE		IN-OF-PAIMENI KI	EPORI FOR JAN 2	ZUU4 IRKU DE	LC 2004	03/14/05
SONOMA COUNTY		ICES FOR 133% PROGRAM	7.10	CODES 72 74 8N	0.0		03/14/03
SONOMA COUNTI	SUMMARI OF SERV	ICES FOR 155% FROGRAM	AID	CODES /2 /4 ON		מסשנות עדטייו	GE
19,573 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
19,3/3 ELIGIBLES	USEKS	OR DAYS OF CARE	EVLENDIIOKES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,443	4,241 \$	349,083.75	\$ 82.31	.217		
COMM HOSP INPATIENT TOTAL	28	138	226,897.38	1644.18	.007	8103.48	11.59
	12	104	161,572.00		.005		8.25
HSC HOSPITALS	16	34	65,325.38	1553.58		13464.33 4082.84	3.34
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	16	34	25,572.65	1921.33 752.14	.002 .002	1598.29	1.31
	0	0	.00	.00	.002	.00	
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
IVANSTITONAT IL CAKE	U	U	.00	.00	.000	.00	.00

ALL OTHER ACCOM	16	34		25,572.65		752.14		002		1598.29		1.31
ANCILLARIES	16	0		39,752.73		.00		000		2484.55		2.03
TMDATTENT CDOCCOVEDC	\cap	0		0.0		.00		000		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0 0 4,103		.00 .00 122,186.37		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,425	4,103		122,186.37		29.78		210		85.74		6.24
MEDICAL	569	723		23,311.32		35.29		037		44.84		1.30
SURGERY	144 265	160		8,437.37		52.73		008		58.59		.43
PATHOLOGY	265	1,028		11,204.48		52.73 10.90		053		42.28		.57
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	213	272		16,636.54 51,105.74		61.16		014		78.11		.85
ROOM USE	1,059	1,303				39.22		067		48.26		2.61
CROSSOVERS/ALL OTH OUTPINT	415	272 1,303 617	<u>^</u>	9,290.92		15.06		032	<u>^</u>	22.39	<u> </u>	.47
@STATE HOSPITAL	0 0 0 0 0 0	0	Ş	.00	\$.00		000	\$.00	Ş	.00
MENTALLY ILL DEVELOP. DISABLED	0	0		.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0		.00	Y	.00		000	Ÿ	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00		000		.00		.00
		0		.00		.00		000		.00		.00
LEV B-SIBACITE HSPTL BASED	0	0		.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
LEV B-REGULAR	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00	\$.00		000	\$.00	\$.00
ICF DDH	0	0		.00		.00		000	•	.00	·	.00
ICF DD	0	0		.00		.00		000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00		000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		000		.00		.00
@REHABILITATION FACILITY	18	319	\$	4,713.83	\$	14.78		016	\$		\$.24
HOSPITAL BASED	1	1		51.65		51.65		000		51.65		.00
INDEPENDENT FACILITY	17	318		4,662.18		14.66		016		274.25		.24
@LABORATORY FACILITY	297	551	\$	5,938.56				028	\$	20.00	\$.30
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	297	551		5,938.56		10.78		028		20.00		.30
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0 3,188	•	.00 333,407.71		.00		000		.00		.00
GORGANIZED OUTPATIENT CLINIC	Z,4Z8	3,188	\$	333,407.71	Ş	104.58			Ş	137.32	Ş	17.03
CLINIC	148	218		5,986.55		27.46		011		40.45		.31
SURGICENTER	3	21		805.83		38.37	•	001		268.61		.04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	2 277	2 040		226 615 22		110 75	•	1 5 1		142 44		16 60
#CVITE DEDE OF REVIEW GED!!	MEDI_CAI GEDVIC	LC YND CADAA	TIDES MC	020,013.33 חתשעעם = 0		EOD TAN	2004 T	ווסטי	DEC	2004	D7	CF 15 636
MOP024	FEE-FOR-SERVICE	/DENTAI.	TOKES MC	MIN OF FAIRBINI	KE OKI	FOR UAN	2004 1	11110	DEC	2004	LF	03/14/05
SONOMA COUNTY			PROGRAM	1 AID	CODES	72 74 8N	1 8 P					03/11/03
201101111 0001121	00111111111 01 01111	1020 1011 1000	111001111		00220	, , , , , , , , , , , , , , , , , , , ,		M	ONTH	HLY AVERA	GE -	
19,573 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST						COST PER
		OR DAYS OF C	3.5.5		555	UNIT/DAY				USER	E	CLIGIBLE
@ALL OTHER PROVIDERS	224	1,929	\$	38,424.82	\$					171.54		1.96
DURABLE MED. EQUIP.	27	51		2,943.43		57.71		003		109.02		.15
BLOOD BANK	0	0		.00		.00		000		.00		.00
HEARING AID DISPENSERS	1	1		1,780.20		1780.20		000		1780.20		.09
MEDICAL TRANSPORTATION	26	891		19,062.45		21.39		046		733.17		.97
AMBULANCES/AIR TRANS	25	887		13,387.11		15.09		045		535.48		.68
OTHER TRANS	0	0		.00		.00		000		.00		.00
OTHER SERVICES	4	4		5,675.34		1418.84		000		1418.84		.29
ACUPUNCTURE	0	0		.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	U		.00		.00	•	000		.00		.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
18	39		405.91		10.41	.002		22.55		.02
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
4	11		1,810.36		164.58	.001		452.59		.09
4	11		1,810.36		164.58	.001		452.59		.09
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
22	41		1,824.89		44.51	.002		82.95		.09
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
125	892		10,573.55		11.85	.046		84.59		.54
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
3	3		24.03		8.01	.000		8.01		.00
138	2,388	\$	260 , 295.09	\$	109.00	.122	\$	1886.20	\$	13.30
0	0	\$.00	\$.00	.000	\$.00	\$.00
	0 0 0 0 3	0 0 0 0 0 0 3 3	0 0 0 0 0 0 0 3 3 3	0 0 .00 18 39 405.91 0 0 .00 0 0 .00 4 11 1,810.36 4 11 1,810.36 0 0 .00 0 0 .00 22 41 1,824.89 0 0 .00 0 0 .00 125 892 10,573.55 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 <t< td=""><td>0 0 .00 18 39 405.91 0 0 .00 0 0 .00 4 11 1,810.36 0 0 .00 0 0 .00 0 0 .00 22 41 1,824.89 0 0 .00 0 0 .00 125 892 10,573.55 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 3 3 24.03 138 2,388 \$ 260,295.09 \$</td><td>0 0 .00 .00 18 39 405.91 10.41 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 4 11 1,810.36 164.58 0 0 .00 .00 0 0 .00 .00 22 41 1,824.89 44.51 0 0 .00 .00 0 0 .00 .00 125 892 10,573.55 11.85 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .00 0 .00 .00 .00</td><td>0 0 .00 .00 .000 18 39 405.91 10.41 .002 0 0 .00 .00 .000 0 0 .00 .00 .000 4 11 1,810.36 164.58 .001 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 22 41 1,824.89 44.51 .002 0 0 .00 .00 .00 125 892 10,573.55 11.85 .046 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00</td><td>0 0 .00 .00 .000 18 39 405.91 10.41 .002 0 0 .00 .00 .000 0 0 .00 .00 .000 4 11 1,810.36 164.58 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 22 41 1,824.89 44.51 .002 0 0 .00 .00 .000 125 892 10,573.55 11.85 .046 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000</td><td>0 0 .00 .00 .00 .00 18 39 405.91 10.41 .002 22.55 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 4 11 1,810.36 164.58 .001 452.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 22 41 1,824.89 44.51 .002 82.95 0 0 .00 .00 .00 .00 125 892 10,573.55 11.85 .046 84.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td><td>0 0 .00 .00 .00 .00 18 39 405.91 10.41 .002 22.55 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 4 11 1,810.36 164.58 .001 452.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 22 41 1,824.89 44.51 .002 82.95 0 0 .00 .00 .00 .00 125 892 10,573.55 11.85 .046 84.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td></t<>	0 0 .00 18 39 405.91 0 0 .00 0 0 .00 4 11 1,810.36 0 0 .00 0 0 .00 0 0 .00 22 41 1,824.89 0 0 .00 0 0 .00 125 892 10,573.55 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 3 3 24.03 138 2,388 \$ 260,295.09 \$	0 0 .00 .00 18 39 405.91 10.41 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 4 11 1,810.36 164.58 0 0 .00 .00 0 0 .00 .00 22 41 1,824.89 44.51 0 0 .00 .00 0 0 .00 .00 125 892 10,573.55 11.85 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .00 0 .00 .00 .00	0 0 .00 .00 .000 18 39 405.91 10.41 .002 0 0 .00 .00 .000 0 0 .00 .00 .000 4 11 1,810.36 164.58 .001 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 22 41 1,824.89 44.51 .002 0 0 .00 .00 .00 125 892 10,573.55 11.85 .046 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00	0 0 .00 .00 .000 18 39 405.91 10.41 .002 0 0 .00 .00 .000 0 0 .00 .00 .000 4 11 1,810.36 164.58 .001 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 22 41 1,824.89 44.51 .002 0 0 .00 .00 .000 125 892 10,573.55 11.85 .046 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000	0 0 .00 .00 .00 .00 18 39 405.91 10.41 .002 22.55 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 4 11 1,810.36 164.58 .001 452.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 22 41 1,824.89 44.51 .002 82.95 0 0 .00 .00 .00 .00 125 892 10,573.55 11.85 .046 84.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0	0 0 .00 .00 .00 .00 18 39 405.91 10.41 .002 22.55 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 4 11 1,810.36 164.58 .001 452.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 22 41 1,824.89 44.51 .002 82.95 0 0 .00 .00 .00 .00 125 892 10,573.55 11.85 .046 84.59 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,637
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

----- MONTHLY AVERAGE -----14,181 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .829 \$ 165.24 \$ @TOTAL, ALL PROVIDERS 3,431 11,761 566,947.34 \$ 48.21 39.98 747 1,528 @PHYSICIANS SERVICES 52,743.48 \$ 34.52 .108 \$ 70.61 \$ 3.72 539 21,894.12 40.62 OUTPATIENT VISITS 636 34.42 .045 29.70 .00 48.25 49.90 358 424 35.17 OFFICE VISITS 12,592.50 .030 .00 .00 HOME VISITS 0 0 .000 .00 8,153.81 48.25 158 EMERGENCY ROOM 169 .012 51.61 5 249.51 49.90 .000 PREVENTIVE CARE .00 23.64 65.57 61.25 OB VISITS/COMPRE PERI 0 0 .00 .000 .00 .00 898.30 34 38 OTHER OUTPATIENT .003 140.52 26.42 .06 21 45 2,950.84 65.57 .003 INPATIENT VISITS 20 2,511.23 439.61 125.56 HOSPITAL VISITS 41 61.25 .003 .18 109.90 CRITICAL CARE 109.90 .000 .03 0 .00 0 .00 .00 .000 SNF/ICF/TRANS IP CARE 47.62 47.62 .00 42.37 349.05 24 27 1,285.86 .002 53.58 .09 OPHTHALMOLOGICAL SERVICES 27 .09 EXAMINATIONS 1,285.86 .002 53.58 .00 SERVICES AND MATERIALS 0 .000 .00 18 6 INPATIENT HOSPITAL SURGERY 109 4,618.51 42.37 .008 256.58 .33 2,443.35 349.05 .000 407.23 PRINCIPAL SURGEON .17 0 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 12 102 2,175.16 21.33 .007 181.26 69.63 120.43 88.24 .15 61 131 9,121.05 149.53 OUTPATIENT SURGERY .009 .64 138.96 PRINCIPAL SURGEON 7,225.80 .004 1 1 88.24 88.24 ASSISTANT SURGEON .000 .01 12 70 1,807.01 25.81 .005 150.58 ANESTHESIOLOGIST . 13 474.42 79.07 .000 237.21 DIALYSIS 116 PATHOLOGY 66 1,130.62 9.75 .008 17.13 .08 164 254 39.59 RADIOLOGY 6,493.38 25.56 .018 .46 PSYCHIATRY 0 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	5	10		327.94	32.79	.001		65.59		.02
OTHER SERVICES/ALL X-OVERS	54	194		4,446.74	22.92	.014		82.35		.31
@PHARMACY	860	1,504	\$	73,258.19	48.71	.106	\$	85.18	\$	5.17
PRESCRIPTION DRUGS	858	1,478		72,013.73	48.72	.104		83.93		5.08
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	858	1,478		72,013.73	48.72	.104		83.93		5.08
MEDICAL SUPPLIES	22	26		1,244.46	47.86	.002		56.57		.09
@DENTIST	610	3 , 095	\$	74,195.35	23.97	.218	\$	121.63	\$	5.23
VISITS - DIAGNOSTIC	442	2,135		30,156.00	14.12	.151		68.23		2.13
ORAL SURGERY	81	150		8,601.75	57.35	.011		106.19		.61
DRUGS	3	3		50.00	16.67	.000		16.67		.00
ANESTHESIA	5	5		400.00	80.00	.000		80.00		.03
PERIODONTICS	4	4		276.00	69.00	.000		69.00		.02
ENDODONTICS	31	61		3,684.90	60.41	.004		118.87		.26
RESTORATIVE DENTISTRY	235	622		25 , 676.45	41.28	.044		109.26		1.81
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	5	6		314.00	52.33	.000		62.80		.02
MAXILLOFACIAL SERVICES	3	5		250.00	50.00	.000		83.33		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	44	53		4,411.25	83.23	.004		100.26		.31
ALL OTHER SERVICES	40	51		375.00	7.35	.004		9.38		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES M	MONTH-OF-PAYMENT REPO	ORT FOR JAN	1 2004 THRU	DEC	2004	PA	AGE 15,638
$M \cap D \cap 2 A$	FFF_FOD_CFDUTCF/DFI	NTTP 7N T								02/11/05

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SONOMA COUNTY

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

DONOMA COUNTI	DOMMANT OF DEIN	VICED FOR 1006 INOG.	17771.1	AID		D /A /C OK	01				
							M	TNO	HLY AVERA	GΕ	
14,181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	97	287 \$		5,849.47	\$	20.38	.020	\$	60.30	\$.41
DIAGNOSTIC AND ANC. PROCED	58	64		2,652.14		41.44	.005		45.73		.19
EYE APPLIANCES	79	222		3,140.13		14.14	.016		39.75		.22
OTHER OPTOMETRIC SERVICES	1	1		57.20		57.20	.000		57.20		.00
@CHIROPRACTOR	5	9 \$		133.93	\$	14.88	.001	\$	26.79	\$.01
VISITS	5	9		133.93		14.88	.001		26.79		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	1 \$		4.34	\$	4.34	.000	\$	4.34	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	535	1,609 \$		207,970.00	\$	129.25	.113	\$	388.73	\$	14.67
HOSP INPATIENT TOTAL	20	69		157 , 786.53		2286.76	.005		7889.33		11.13
HSC HOSPITALS	7	37		68,312.00		1846.27	.003		9758.86		4.82
NON-HSC HOSPITAL TOTAL	13	32		89,474.53		2796.08	.002		6882.66		6.31
ACCOMMODATIONS	13	32		19,260.17		601.88	.002		1481.55		1.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	32		19,260.17		601.88	.002		1481.55		1.36
ANCILLARIES	13	0		70,214.36		.00	.000		5401.10		4.95
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	518	1,540		50,183.47	32.59	.109	96.88		3.54
MEDICAL	193	244		12,314.64	50.47	.017	63.81		.87
SURGERY	56	63		2,919.39	46.34	.004	52.13		.21
PATHOLOGY	130	395		5,589.62	14.15	.028	43.00		.39
RADIOLOGY	115	157		9,433.63	60.09	.011	82.03		.67
ROOM USE	354	422		15,872.11	37.61	.030	44.84		1.12
CROSSOVERS/ALL OTH OUTPTNT	147	259		4,054.08	15.65	.018	27.58		.29
@COUNTY HOSPITAL TOTAL	2	5	\$	1,276.39	\$ 255.28	.000	\$ 638.20	\$.09
CO HOSPITAL INPATIENT TOTAL	1	1		1,130.00	1130.00	.000	1130.00		.08
HSC HOSPITALS	1	1		1,130.00	1130.00	.000	1130.00		.08
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		146.39	36.60	.000	73.20		.01
MEDICAL	2	2		71.77	35.89	.000	35.89		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	2	2		74.62	37.31	.000	37.31		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
		S AND EXPENDITURE:	S MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	EC 2004	PA	GE 15,639
MOP024	FEE-FOR-SERVICE/	DENTAL							03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR 100% PRO	GRAM	AID (CODES 7A 7C 8R	8T			
							NTHLY AVERA	GE -	
14,181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		OST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	534	1,604	\$	206,693.61	\$ 128.86	.113	\$ 387.07	\$	14.58

COMM HOSP INPATIENT TOTAL	19	68		156,656.53		2303.77	.005		8245.08		11.05
HSC HOSPITALS	6	36		67 , 182.00		1866.17	.003		11197.00		4.74
NON-HSC HOSPITALS TOTAL	13	32		89,474.53		2796.08	.002		6882.66		6.31
ACCOMMODATIONS	13	32		19,260.17		601.88	.002		1481.55		1.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	32		19,260.17		601.88	.002		1481.55		1.36
ANCILLARIES	13	0		70,214.36		.00	.000		5401.10		4.95
INPATIENT CROSSOVERS	0	Õ		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	517	1,536		50,037.08		32.58	.108		96.78		3.53
MEDICAL	191	242		12,242.87		50.59	.017		64.10		.86
SURGERY	56	63		2,919.39		46.34	.004		52.13		.21
PATHOLOGY	130	395		5,589.62		14.15	.028		43.00		.39
RADIOLOGY	115	157		9,433.63		60.09	.011		82.03		.67
	353	420				37.61	.030		44.75		1.11
ROOM USE				15,797.49							
CROSSOVERS/ALL OTH OUTPINT	147 0	259	Ċ	4,054.08	ċ	15.65	.018	ċ	27.58	ċ	.29
@STATE HOSPITAL		0	\$.00	\$.00	.000	Þ	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	121	\$	1,821.31	\$	15.05	.009	\$	303.55	\$.13
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	121		1,821.31		15.05	.009		303.55		.13
@LABORATORY FACILITY	101	249	\$	3,998.15	\$	16.06	.018	Ś	39.59	Ś	.28
PATHOLOGY	101	249		3,998.15	'	16.06	.018		39.59		.28
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	779	1,046	\$	112,768.09	Ś	107.81	.074	Ś	144.76	Ś	7.95
CLINIC	72	132	т.	4,034.43	,	30.56	.009	-	56.03	4	.28
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	707	914		108,733.66		118.96	.064		153.80		7.67
#CALIF DEPT OF HEALTH SERV			DEC MC	NTH-OF-PAYMENT F				DEC		D7	AGE 15,640
	FEE-FOR-SERVICE		KES MC	NIH-OF-FAIMENI F	CEPURI	. FOR JAN 2	2004 1110	DEC	2004	r.	•
MOP024				7.10	CODEC	77 70 00	ОШ				03/14/05
SONOMA COUNTY	SUMMARI OF SERV	ICES FOR 100% P	ROGRAM.	I AID	CODES	3 7A 7C 8R			III V 777777	CE.	
14 181 ELICIBLES	USERS	IINITHO OF CEDIATO	T.	EADENDIMIDEC	7\ \ 7.77	DACE COCH	M				
14,181 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
GALL OWNED DDOMINES	F 2 F	OR DAYS OF CAR		24 205 22		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	535	2,312	\$	34,205.03	\$	14.79	.163	Þ	63.93	Þ	2.41
DURABLE MED. EQUIP.	11	36		6,739.89		187.22	.003		612.72		.48
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	10		34.92		3.49	.001		34.92		.00
MEDICAL TRANSPORTATION	22	138		2,707.60		19.62	.010		123.07		.19

AMBULANCES/AIR TRANS	22	138		2,707.60	19.62	.010	123.07	.19
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3		315.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	80	169		1,419.49	8.40	.012	17.74	.10
PHYSICAL THERAPIST	1	3		34.91	11.64	.000	34.91	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	9		359.48	39.94	.001	119.83	.03
PROSTHETICS	3	9		359.48	39.94	.001	119.83	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	20		1,556.44	77.82	.001	222.35	.11
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	393	1,905		20,866.29	10.95	.134	53.09	1.47
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	19		171.01	9.00	.001	10.69	.01
@CALIF. CHILDREN SERVICES*	91	461	\$	114,124.18	\$ 247.56	.033	\$ 1254.11	\$ 8.05
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
O+ MOMATO THE MURGE TIMES ARE STIVE			T	0377.77				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,641
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MONTHLY AVERAGE						
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	6 , 878	23,131	\$	1,395,375.31	\$ 60.32	.000	\$ 202.88	\$.00			
@PHYSICIANS SERVICES	573	776	\$	33,918.37	\$ 43.71	.000	\$ 59.19	\$.00			
OUTPATIENT VISITS	62	140		9,048.22	64.63	.000	145.94	.00			
OFFICE VISITS	13	13		188.87	14.53	.000	14.53	.00			
HOME VISITS	0	0		.00	.00	.000	.00	.00			
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00			
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00			
OB VISITS/COMPRE PERI	53	127		8,859.35	69.76	.000	167.16	.00			
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00			
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00			
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00			
CRITICAL CARE	0	0		.00	.00	.000	.00	.00			
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00			
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00			
EXAMINATIONS	0	0		.00	.00	.000	.00	.00			
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00			
INPATIENT HOSPITAL SURGERY	6	10		567.07	56.71	.000	94.51	.00			
PRINCIPAL SURGEON	4	4		355.54	88.89	.000	88.89	.00			
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00			
ANESTHESIOLOGIST	2	6		211.53	35.26	.000	105.77	.00			
OUTPATIENT SURGERY	31	43		4,850.91	112.81	.000	156.48	.00			
PRINCIPAL SURGEON	27	30		4,321.18	144.04	.000	160.04	.00			

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	13		529.73		40.75	.000		105.95		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	155	156		2,349.84		15.06	.000		15.16		.00
RADIOLOGY	344	379		13,638.79		35.99	.000		39.65		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	14	37		857.61		23.18	.000		61.26		.00
OTHER SERVICES/ALL X-OVERS	8	11		2,605.93		236.90	.000		325.74		.00
@PHARMACY	356	614	\$	22,660.69	\$	36.91	.000	\$	63.65	\$.00
PRESCRIPTION DRUGS	317	481		14,223.69		29.57	.000		44.87		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	317	481		14,223.69		29.57	.000		44.87		.00
MEDICAL SUPPLIES	50	133		8,437.00		63.44	.000		168.74		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH	H-OF-PAYMENT RE	PORT	FOR JAN 20	04 THRU	DEC 2	2004	PA	GE 15,642
MOP024	FEE-FOR-SERVICE/DENTA	.L									03/14/05

						Mo	ONT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	526	3,251	\$ 112,023.16	\$	34.46	.000	\$	212.97	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,369	3,548	\$ 182,110.08	\$	51.33	.000	\$	133.02	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

SONOMA COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	•	•	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,369	3,548	182,110.08	51.33	.000	133.02	.00
MEDICAL	13	15	658.08	43.87	.000	50.62	.00
SURGERY	83	115	9,708.69	84.42	.000	116.97	.00
PATHOLOGY	516	780	26 , 176.65	33.56	.000	50.73	.00
RADIOLOGY	627	671	46,179.75	68.82	.000	73.65	.00
ROOM USE	418	551	18,136.60	32.92	.000	43.39	.00
CROSSOVERS/ALL OTH OUTPTNT	328	1,416	81,250.31	57.38	.000	247.71	.00
@COUNTY HOSPITAL TOTAL	5	27 \$	1,121.28	\$ 41.53	.000 \$	224.26	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0				.00	
ACCOMMODATIONS	U	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	27	1,121.28	41.53	.000	224.26	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	5	271.06	54.21	.000	54.21	.00
PATHOLOGY	4	Q Q	482.17	53.57	.000	120.54	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0		36.78			
ROOM USE	5	9	330.99		.000	66.20	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4	37.06	9.27	.000	9.27	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	1004 THRU DEC	2004	PAGE 15,643
MOP024	FEE-FOR-SERVICE						03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PRESUMPTIVE	ELIGIBILITY-PREGN	NANT AID CODES			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,364	3 , 521 \$	180,988.80	\$ 51.40	.000 \$	132.69	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	•	•	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,364	3,521	180,988.80	51.40	.000	132.69	.00
MEDICAL	13	15	658.08	43.87	.000	50.62	.00
SURGERY	78	110	9,437.63	85.80	.000	121.00	.00
PATHOLOGY	512	771	25,694.48	33.33	.000	50.18	.00
RADIOLOGY	627	671	46,179.75	68.82	.000	73.65	.00
ROOM USE	413	542	17,805.61	32.85	.000	43.11	.00
CROSSOVERS/ALL OTH OUTPTNT							
	324	1,412	81.213.25	57.52	.000	250.66	.00
@STATE HOSPITAL	324 0	1,412 0 \$	81,213.25 .00	57.52 \$.00	.000 .000 \$	250.66 .00	.00

MENTALLY ILL	Λ	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	τ	.00	т	.00	.000	т	.00	τ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	7	.00	,	.00	.000	7	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,193	5,017	\$	128,734.61	\$	25.66	.000	\$	58.70	\$.00
PATHOLOGY	2,193	5,017		128,734.61		25.66	.000		58.70		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,114	9,543	\$	875,818.40	\$	91.78	.000	\$	212.89	\$.00
CLINIC	1,066	3,627		231,239.99		63.76	.000		216.92		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3 , 056	5,916		644,578.41		108.96	.000		210.92		.00
#CALIF DEPT OF HEALTH SERV			JRES M	IONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2004 THRU	DEC	2004	PA	GE 15,644
MOP024	FEE-FOR-SERVICE/										03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR PRESUN	MPTIVE	: ELIGIBILITY-PREGI	NANT	AID CODES	_				
									HLY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	C	OST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	382	382 \$	40,110.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	382	382	40,110.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,645
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

BONOINI COONII	DOMINICI OF DELICE	TCDD TOIL	THEFT CIT	 ODDITCOHODIO ITOOTUMI		1110 0000	/ 11			
							MC	ONTHLY AVER	AGE	
06 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4		9	\$ 148.05	\$	16.45	1.500	\$ 37.01	\$	24.68
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00		.00	.000	.00		.00
OFFICE VISITS	0		0	.00		.00	.000	.00		.00
HOME VISITS	0		0	.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0	.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0	.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0	.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0	.00		.00	.000	.00		.00
INPATIENT VISITS	0		0	.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0	.00		.00	.000	.00		.00
CRITICAL CARE	0		0	.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0	.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0	.00		.00	.000	.00		.00
EXAMINATIONS	0		0	.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0	.00		.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

TNDAMTENM HOODIMAL CHDCEDY	0	0		0.0		0.0	000		0.0		0.0
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
PATHOLOGY	0	0				.00	.000				.00
RADIOLOGY	Ü	Ü		.00		.00	.000		.00		.00
PSYCHIATRY	O	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		
MEDICAL SUPPLIES	0		Ċ	.00	Ċ			Ċ		Ċ	.00
@DENTIST	Ü	0	\$		\$.00	.000	Ş	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		
	0	0									.00
DENTURES, STAYPLATES	Ü	Ü		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES N	MONTH-OF-PAYMENT REF	PORT			EC 2004		PΔ	GE 15,646
MOP024	FEE-FOR-SERVICE/DE			MONTH OF THIRDING REF	OICI	1010 01110 2	2001 111110 1	LC 2001		111	03/14/05
			т т	IDEDCIII OCIC DDOCDAM		ATD CODE	711				03/14/03
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR MEDI-CA	L T	UBERCULOSIS PROGRAM		AID CODE				C F	
							MC				
06 ELIGIBLES		ITS OF SERVICE					UNITS/DAYS				OST PER
	C	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USE			LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$		\$.00	.000	Ċ	.00	Ċ	.00
-	0	ŭ	Y		Ÿ		.000	Y		Y	
VISITS		0		.00		.00			.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$		\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	Û	Ś	.00	Ś	.00		\$.00	Ś	.00
NURSE ANESTHESIST	0	0	Ċ		\$.00		\$.00		.00
	•	0	۲								
NURSE MIDWIFE											
DEDITABLE ANIDOS DESCRIPTOS	0	0	\$		\$.00		\$.00		.00
PEDIATRIC NURSE PRACTITIONER	ŭ	0	\$		\$.00	.000	-	.00		.00

				_			
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		•
@TOTAL HOSPITAL	1	1 \$	14.99	\$ 14.99	.167 \$	14.99	\$ 2.50
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	14.99	14.99	.167	14.99	2.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ô	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	1					
RADIOLOGY	Ι.	1	14.99	14.99	.167	14.99	2.50
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 15,647
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR MEDI-CAL T	UBERCULOSIS PROGRAM	AID CODE	7H		
					MON	THLY AVERA	GE
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAYS	COST PER	COST PER
00 HHIGIDHHO	OBLIG	OR DAYS OF CARE	EMBITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITAL HOCDIANI MORAI	1		14 00				
@COMMUNITY HOSPITAL TOTAL	1	1 \$	14.99	•	.167 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	14.99	14.99	.167	14.99	2.50
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		14.99		14.99	.167		14.99		2.50
	<u> </u>	0		.00		.00	.000		.00		.00
ROOM USE	0	•									
CROSSOVERS/ALL OTH OUTPTNI	U	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
	0	•	Y		Ÿ			Y		Y	
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	; 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ω	Λ		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0		<u> </u>		<u>^</u>			<u> </u>		<u> </u>	
@INTERMEDIATE CARE FACILDD	Ü	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	•	Y		Ÿ			Y		Y	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
@LABORATORY FACILITY	0	•	Ą		Ş			Ą		Ą	
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	8	\$	133.06	\$	16.63	1.333	\$	33.27	\$	22.18
CLINIC	4	8		133.06		16.63	1.333		33.27		22.18
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0									
HEROIN DETOX CLINIC	U	•		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 15,648
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
SONOMA COUNTY			т. тп	JBERCULOSIS PROGRAN	VĪ	AID CODE	7 H				, ,
BONOTH COUNTY	BOINDING OF BEIN	icho for filbi cr	111 10	DELICOHOBIE INCORU	. 1	MID CODE	M		ארסיינות עדני	<u>-</u> -	
06 81 1018180	Hanna	INTER OF SERVICE	,		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D 7 C D C C C C D					2008 DED
06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL TRANSPORTATION	Ü	Ü		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
		•									
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
A* MOMAIC IN MURCE IINEC ADE CIVEN A	a y chuybymb .		THEM ONITY.					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,649
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

			MON	ITHLY AVERA	GE			
6,016 ELIGIBLES	USERS			EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	598	3,670	\$	418,846.76	\$ 114.13	.610	700.41	\$ 69.62
@PHYSICIANS SERVICES	238	716	\$	51,232.39	\$ 71.55	.119	215.26	\$ 8.52
OUTPATIENT VISITS	65	98		5,219.33	53.26	.016	80.30	.87
OFFICE VISITS	25	38		1,274.73	33.55	.006	50.99	.21
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	15	16		722.05	45.13	.003	48.14	.12
PREVENTIVE CARE	1	1		45.33	45.33	.000	45.33	.01
OB VISITS/COMPRE PERI	23	40		3,114.72	77.87	.007	135.42	.52
OTHER OUTPATIENT	3	3		62.50	20.83	.000	20.83	.01
INPATIENT VISITS	46	103		5,904.93	57.33	.017	128.37	.98

HOSPITAL VISITS	45	83		3,573.26		43.05	.014		79.41		.59
CRITICAL CARE	2	20		2,331.67		116.58	.003		1165.84		.39
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	69	311		31,321.36		100.71	.052		453.93		5.21
PRINCIPAL SURGEON	37	38		24,794.27		652.48	.006		670.12		4.12
ASSISTANT SURGEON	5	5		932.50		186.50	.001		186.50		.16
ANESTHESIOLOGIST	33	268		5,594.59		20.88	.045		169.53		.93
OUTPATIENT SURGERY	27	39		2,631.82		67.48	.006		97.47		.44
PRINCIPAL SURGEON	24	30		2,349.13		78.30	.005		97.88		.39
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	5	9		282.69		31.41	.001		56.54		.05
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	21	26		609.04		23.42	.004		29.00		.10
RADIOLOGY	77	97		3,336.38		34.40	.016		43.33		.55
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	6		219.89		36.65	.001		36.65		.04
OTHER SERVICES/ALL X-OVERS	29	36		1,989.64		55.27	.006		68.61		.33
@PHARMACY	146	298	\$	8,880.52	\$	29.80	.050	\$	60.83	\$	1.48
PRESCRIPTION DRUGS	144	296		8,862.74		29.94	.049		61.55		1.47
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	144	296		8,862.74		29.94	.049		61.55		1.47
MEDICAL SUPPLIES	2	2		17.78		8.89	.000		8.89		.00
@DENTIST	5	9	\$	38.00	\$	4.22	.001	\$	7.60	\$.01
VISITS - DIAGNOSTIC	5	6		38.00		6.33	.001		7.60		.01
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT 1	FOR JAN 20	04 THRU	DEC	2004	P.	AGE 15,650
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

SONOMA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MC	NTHLY	Y AVERA	GE	
6,016 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COS	T PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG	Ţ	JSER		ELIGIBLE
@OPTOMETRIST	1	1	\$ 39.44	\$	39.44	.000	\$	39.44	\$.01
DIAGNOSTIC AND ANC. PROCED	1	1	39.44		39.44	.000		39.44		.01
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 57.20	\$	57.20	.000	\$	57.20	\$.01
MEDICINE/INJECTIONS	1	1	57.20		57.20	.000		57.20		.01
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	23	37	Ş		\$	53.10	.006		85.42	\$.33
NURSE ANESTHESIST	0	0 \$	\$		\$.00	.000	\$		\$.00
NURSE MIDWIFE	45	467 \$	\$	13,494.40	\$	28.90	.078	\$	299.88	\$	2.24
PEDIATRIC NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	>	.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	186	1,239	\$	287,940.54	\$	232.40	.206	\$	1548.07	\$	47.86
HOSP INPATIENT TOTAL	46	205		260,922.93		1272.79	.034		5672.24		43.37
HSC HOSPITALS	1	3		2,081.27		693.76	.000		2081.27		.35
NON-HSC HOSPITAL TOTAL	45	202		258,841.66		1281.39	.034		5752.04		43.03
ACCOMMODATIONS	45	202		117,222.81		580.31	.034		2604.95		19.49
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	45	202		117,222.81		580.31	.034		2604.95		19.49
ANCILLARIES	45	0		141,618.85		.00	.000		3147.09		23.54
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	161	1,034		27,017.61		26.13	.172		167.81		4.49
MEDICAL	28	33		1,316.02		39.88	.005		47.00		.22
SURGERY	26	35		1,310.02		38.02	.006		51.18		.22
PATHOLOGY	75	316		3,762.18		11.91	.053		50.16		.63
RADIOLOGY	44	49		3,702.10		65.22	.008		72.63		.53
ROOM USE	93	183		6,937.69		37.91	.030		74.60		1.15
CROSSOVERS/ALL OTH OUTPINT	85	418				25.06	.030		123.24		1.74
	8		,	10,475.10 2,532.27	\$			ċ		ċ	
@COUNTY HOSPITAL TOTAL	0	76 \$ 0	?		Ş	33.32	.013	Þ	316.53	Ş	.42
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00					.00
HSC HOSPITALS	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	*	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	76		2,532.27		33.32	.013		316.53		.42
MEDICAL	3	4		422.01		105.50	.001		140.67		.07
SURGERY	5	8		238.86		29.86	.001		47.77		.04
PATHOLOGY	4	26		588.75		22.64	.004		147.19		.10
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	5	17		1,063.19		62.54	.003		212.64		.18
CROSSOVERS/ALL OTH OUTPTNT	7	21		219.46		10.45	.003		31.35		.04
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MOI	NTH-OF-PAYMENT RE	EPOR	RT FOR JAN	2004 THRU	DEC	2004	PA	AGE 15,651
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MINOR CON	ISEN'	T AID CODES AID (CODE	S 7M 7P 7R	7N				
							M	r noi	THLY AVERA	GE -	
6,016 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER	C	COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	;	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	178	1,163	>	285,408.27	\$	245.41	.193	\$	1603.42	\$	47.44
COMM HOSP INPATIENT TOTAL	46	205		260,922.93		1272.79	.034		5672.24		43.37
HSC HOSPITALS	1	3		2,081.27		693.76	.000		2081.27		.35
NON-HSC HOSPITALS TOTAL	45	202		258,841.66		1281.39	.034		5752.04		43.03
ACCOMMODATIONS	45	202		117,222.81		580.31	.034		2604.95		19.49
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
· · · · · · · · · · · · · · · · · · ·											

ALL OTHER ACCOM	45	202		117,222.81		580.31	.034		2604.95		19.49
ANCILLARIES	45	0		141,618.85		.00	.000		3147.09		23.54
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	153	958		24,485.34		25.56	.159		160.03		4.07
MEDICAL	25	29		894.01		30.83	.005		35.76		.15
SURGERY	21	27		1,091.91		40.44	.004		52.00		.18
PATHOLOGY	71	290		3,173.43		10.94	.048		44.70		.53
RADIOLOGY	44	49		3,195.85		65.22	.008		72.63		.53
ROOM USE	88	166		5,874.50		35.39	.028		66.76		.98
CROSSOVERS/ALL OTH OUTPTNT	78	397		10,255.64		25.83	.066		131.48		1.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	Ō	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000	•	.00		.00
ICF DD	0	Ō		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	72	158	\$	2,461.57	\$	15.58	.026	\$	34.19	\$.41
PATHOLOGY	72	158		2,461.57		15.58	.026		34.19		.41
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	205	730	\$	49,270.07	\$.121	\$	240.34	\$	8.19
CLINIC	96	454		19,356.34	·	42.64	.075	•	201.63		3.22
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	110	276		29,913.73		108.38	.046		271.94		4.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		URES 1		EPORT			DEC		PA	GE 15,652
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	R MINOR	CONSI	ENT AID CODES AID O	CODES	3 7M 7P 7R 7N					

----- MONTHLY AVERAGE -----6,016 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,467.95 \$ 247.71 .002 \$ 247.71 \$ @ALL OTHER PROVIDERS 14 14 \$.58 DURABLE MED. EQUIP. 1 1 99.59 99.59 .000 99.59 .00 .00 .00 BLOOD BANK 0 0 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .000 .00 .00 .00 .00 1,155.00 105.00 .000 0 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .002 105.00 .19

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,213.36	1106.68	.000	1106.68	.37
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,653
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----6,173 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.684 \$ 212.33 \$ 157.54 @TOTAL, ALL PROVIDERS 4,580 16,570 972,469.53 \$ 58.69 @PHYSICIANS SERVICES 1,236 2,307 97,605.71 \$ 42.31 .374 \$ 78.97 \$ 15.81 921 41,430.11 35.87 .187 44.98 OUTPATIENT VISITS 1,155 6.71 590 27.36 33.15 OFFICE VISITS 487 16,143.53 .096 2.62 .00 HOME VISITS 0 0 .00 .00 .000 .00 364 20,547.66 EMERGENCY ROOM 424 48.46 .069 56.45 3.33 15 15 41.79 626.88 41.79 .002 PREVENTIVE CARE OB VISITS/COMPRE PERI 27 51 2,309.79 45.29 .008 85.55 .37 45.29 24.03 58.46 45.98 75 89 74 OTHER OUTPATIENT 1,802.25 .012 24.35 .29 44 5,203.21 .014 118.25 INPATIENT VISITS 77 HOSPITAL VISITS 41 3,540.65 45.98 .012 86.36 .57 148.64 11 CRITICAL CARE 5 1,635.06 .002 327.01 .26 1 27.50 27.50 .000 27.50 SNF/ICF/TRANS IP CARE 86.93 43.47 .000 43.47 .01 OPHTHALMOLOGICAL SERVICES .01 EXAMINATIONS 86.93 43.47 .000 43.47 .00 SERVICES AND MATERIALS 0 .00 .000 .00 18,290.70 435.49 INPATIENT HOSPITAL SURGERY 42 191 95.76 .031 2.96 32 14,939.25 466.85 .005 553.31 PRINCIPAL SURGEON 1 186.50 186.50 .000 186.50 .03 ASSISTANT SURGEON ANESTHESIOLOGIST 20 158 20.03 158.25 3,164.95 .026 .51 155 10,932.22 70.53 .025 124.23 OUTPATIENT SURGERY 1.77 74 84 104.73 118.89 PRINCIPAL SURGEON 8,797.64 .014 0 .00 30.06 .00 ASSISTANT SURGEON 0 .000 .00 .00 18 2,134.58 .012 118.59 .35 ANESTHESIOLOGIST 201.62 403.24 100.81 .001 .07 DIALYSIS 93 170 2,109.71 12.41 22.69 PATHOLOGY .028 .34 287 30.02 RADIOLOGY 412 12,368.72 .067 43.10 2.00 PSYCHIATRY 0 .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	20	31		3,198.80		3.19	.005		159.94		.52
OTHER SERVICES/ALL X-OVERS	72	98		3 , 582.07		6.55			49.75		.58
@PHARMACY	2,166	4,997	\$	245 , 797.66	\$ 4	9.19	.809	\$	113.48	\$	39.82
PRESCRIPTION DRUGS	2,154	4,401		242,100.64	5	5.01	.713		112.40		39.22
SNF/ICF	2	8		510.28	6	3.79	.001		255.14		.08
OUTPATIENTS	2,153	4,393		241,590.36	5	4.99	.712		112.21		39.14
MEDICAL SUPPLIES	50	596		3,697.02		6.20	.097		73.94		.60
@DENTIST	337	1,870	\$	57,578.10	\$ 3	0.79	.303	\$	170.85	\$	9.33
VISITS - DIAGNOSTIC	246	1,163		16,283.40	1	4.00	.188		66.19		2.64
ORAL SURGERY	60	150		11,184.50	7	4.56	.024		186.41		1.81
DRUGS	6	6		125.00	2	0.83	.001		20.83		.02
ANESTHESIA	7	7		800.00	11	4.29	.001		114.29		.13
PERIODONTICS	3	3		354.00	11	8.00	.000		118.00		.06
ENDODONTICS	31	56		5,781.45	10	3.24	.009		186.50		.94
RESTORATIVE DENTISTRY	136	447		20,569.75	4	6.02	.072		151.25		3.33
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	10		1,165.00	11	6.50	.002		388.33		.19
SPACE MAINTAINERS	1	4		360.00	9	0.00	.001		360.00		.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	16	17		805.00	4	7.35	.003		50.31		.13
ALL OTHER SERVICES	6	7		150.00	2	1.43	.001		25.00		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	EPORT FO	R JAN	2004 THRU	DEC	2004	PI	AGE 15,654
MOP024	FEE-FOR-SERVICE,	DENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	S IN PA-FAMILIES	AI	D COD	E 38				
								MONT	HLY AVERA	GE -	
6,173 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAG	E COS'	T UNITS/DA	YS	COST PER	(COST PER
		OR DAYS OF CARE			PER UN	IT/DA	Y PER ELI	G	USER	F	ELIGIBLE
@OPTOMETRIST	56	147	\$	3,372.75	\$ 2	2.94	.024	\$	60.23	\$.55
DIAGNOSTIC AND ANC. PROCED	40	43		1,741.29	4	0.50	.007		43.53		.28
EYE APPLIANCES	36	102		1,493.66	1	4.64	.017		41.49		.24
OTHER OPTOMETRIC SERVICES	2	2		137.80	6	8.90	.000		68.90		.02

A GUIT D A D D A GERA D	4	7	<u> </u>	115 04	<u> </u>	16 70	0.01	<u> </u>	00 06	<u> </u>	0.0
@CHIROPRACTOR	4	7	\$	117.04	\$	16.72	.001	۶	29.26	\$.02
VISITS	4	7		117.04		16.72	.001		29.26		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	62.41	\$.000	Ş		Ş	.01
MEDICINE/INJECTIONS	1	1		62.41		62.41	.000		62.41		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14	27	\$	1,618.65			.004		115.62		.26
NURSE ANESTHESIST	0	0	\$.00			.000		.00		.00
NURSE MIDWIFE	18	81	\$	2,298.38	\$	28.38	.013	\$	127.69		.37
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.000		.00		.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00			.000	\$	24.00		.00
@TOTAL HOSPITAL	1,044	3 , 738	\$	351,254.02	\$	93.97	.606	\$	336.45	\$	56.90
HOSP INPATIENT TOTAL	46	150		248,848.76		1658.99	.024		5409.76		40.31
HSC HOSPITALS	6	9		14,187.00		1576.33	.001		2364.50		2.30
NON-HSC HOSPITAL TOTAL	41	141		234,661.76		1664.27	.023		5723.46		38.01
ACCOMMODATIONS	41	141		76,673.34		543.78	.023		1870.08		12.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	41	141		76,673.34		543.78	.023		1870.08		12.42
ANCILLARIES	41	0		157,988.42		.00	.000		3853.38		25.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,019	3,588		102,405.26		28.54	.581		100.50		16.59
MEDICAL	362	469		15,798.39		33.69	.076		43.64		2.56
SURGERY	93	106		4,125.49		38.92	.017		44.36		.67
PATHOLOGY	299	987		11,610.05		11.76	.160		38.83		1.88
RADIOLOGY	232	323		21,474.22		66.48	.052		92.56		3.48
ROOM USE	775	976		36,537.77		37.44	.158		47.15		5.92
CROSSOVERS/ALL OTH OUTPTNT	338	727		12,859.34		17.69	.118		38.05		2.08
@COUNTY HOSPITAL TOTAL	5	29	\$	2,077.30	\$			Ś	415.46	Ś	.34
CO HOSPITAL INPATIENT TOTAL	1	1		1,130.00	·	1130.00	.000		1130.00		.18
HSC HOSPITALS	1	1		1,130.00		1130.00	.000		1130.00		.18
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	28		947.30		33.83	.005		236.83		.15
MEDICAL	2	3		179.72		59.91	.000		89.86		.03
SURGERY	1	2		61.20		30.60	.000		61.20		.01
PATHOLOGY	1	8		146.91		18.36	.001		146.91		.02
RADIOLOGY	1	2		80.13		40.07	.000		80.13		.01
ROOM USE	3	7		372.80		53.26	.001		124.27		.06
CROSSOVERS/ALL OTH OUTPTNT		6		106.54		17.76	.001		53.27		.02
			RES M	ONTH-OF-PAYMENT R							AGE 15,655
	FEE-FOR-SERVICE		1000 11			(1 101(0111/ 2)	001 111110		2001		03/14/05
SONOMA COUNTY			S CAS	ES IN PA-FAMILIES		AID CODE 3	3.8				00/11/00
55110111 5501111	COLUMNIC OF DELL	. IODO ION DDWAND	2 0110					ОИТ	HLY AVERA	GF: -	
6,173 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	ZΛ	ERAGE COST U					COST PER
-, - : - = = = = = = = = = = = = = = = = =	0021.0	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,041	3,709		349,176.72	\$				335.42		56.57
C C C C C C C C C C C C C C C C C C C	1,011	3, 103	7	313,110.72	~	> 1 • ± 1	• 001	~	555.12	~	00.07

COMM HOSP INPATIENT TOTAL	45	149		247,718.76		1662.54	.024		5504.86		40.13
HSC HOSPITALS	5	8		13,057.00		1632.13	.001		2611.40		2.12
NON-HSC HOSPITALS TOTAL	41	141		234,661.76		1664.27	.023		5723.46		38.01
ACCOMMODATIONS	41	141		76,673.34		543.78	.023		1870.08		12.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	41	141		76,673.34		543.78	.023		1870.08		12.42
ANCILLARIES	41	0		157,988.42		.00	.000		3853.38		25.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,016	3 , 560		101,457.96		28.50	.577		99.86		16.44
MEDICAL	361	466		15,618.67		33.52	.075		43.27		2.53
SURGERY	92	104		4,064.29		39.08	.017		44.18		.66
PATHOLOGY	298	979		11,463.14		11.71	.159		38.47		1.86
RADIOLOGY	232	321		21,394.09		66.65	.052		92.22		3.47
ROOM USE	773	969		36,164.97		37.32	.157		46.79		5.86
CROSSOVERS/ALL OTH OUTPTNT		721		12,752.80		17.69	.117		37.95		2.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	2	\$	473.64	\$	236.82	.000	\$	473.64	\$.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	2		473.64		236.82	.000		473.64		.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	ć	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Þ	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER @REHABILITATION FACILITY	3	29	\$	460.98	\$	15.90	.000	\$	153.66	ċ	.00 .07
HOSPITAL BASED	2	3	ş	168.27	Ą	56.09	.000	Ş	84.14	Ą	.03
INDEPENDENT FACILITY	1	26		292.71		11.26	.004		292.71		.05
@LABORATORY FACILITY	258	643	\$	10,009.73	\$	15.57	.104	Ċ	38.80	Ċ	1.62
PATHOLOGY	258	643	Y	10,009.73	Ÿ	15.57	.104	Y	38.80	Ÿ	1.62
XO AND OTHERS	0	043		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,020	1,599	\$	185,922.50	\$	116.27	.259	Ś	182.28	Ś	30.12
CLINIC	104	262	Ψ.	9,509.29	Ψ	36.30	.042	Ψ	91.44	۲	1.54
SURGICENTER	1	6		231.21		38.54	.001		231.21		.04
HEROIN DETOX CLINIC	1	19		213.68		11.25	.003		213.68		.03
RURAL HEALTH CLINIC	919	1,312		175,968.32		134.12	.213		191.48		28.51
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	RES MO		EPORT			DEC		Р	AGE 15,656
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY		ICES FOR EDWARDS	S CASE	S IN PA-FAMILIES		AID CODE	38				, , , , , , , , , , , , , , , , , , , ,
								IONT	HLY AVERA	.GE	
6,173 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	.s	COST PER		COST PER
		OR DAYS OF CAR	Ε		PEI	R UNIT/DAY	PER ELIC	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	219		\$	15,873.96		14.16	.182		72.48	\$	2.57
DURABLE MED. EQUIP.	7	10		752.67		75.27	.002		107.52		.12
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	33	498		7,241.26		14.54	.081		219.43		1.17

AMBULANCES/AIR TRANS	32	287		5 , 059.36	17.63	.046	158	.11	.82	
OTHER TRANS	1	210		381.90	1.82	.034	381	.90	.06	
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800	.00	.29	
ACUPUNCTURE	2	4		64.88	16.22	.001	32	. 44	.01	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000		.00	.00	
GENETIC DISEASE TESTING	8	8		840.00	105.00	.001	105	.00	.14	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000		.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		.00	.00	
OPTICIAN	53	118		1,074.49	9.11	.019	20	.27	.17	
PHYSICAL THERAPIST	0	0		.00	.00	.000		.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000		.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000		.00	.00	
PROSTHETICS	0	0		.00	.00	.000		.00	.00	
ORTHOTICS	0	0		.00	.00	.000		.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000		.00	.00	
SPEECH AND AUDIOLOGY	10	21		999.29	47.59	.003	99	.93	.16	
HOSPICE SERVICES	0	0		.00	.00	.000		.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	103	455		4,805.40	10.56	.074	46	.65	.78	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000		.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		.00	.00	
ALL OTHER PROVIDERS	3	7		95.97	13.71	.001	31	.99	.02	
@CALIF. CHILDREN SERVICES*	22	303	\$	11,853.98	\$ 39.12	.049	\$ 538	.82	\$ 1.92	
@XOVER EXCLUDING STATE HOSP**	1	1	\$	2.82	\$ 2.82	.000	\$ 2	.82	\$.00	
Q+ MOMATO THE MURCH TIMES ADD CTV	TENT AC A CEDADAME	TATEODATABLEON	TERM ONT	37						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,657 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

			MONTHLY AVERAGE -					
474 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	263	2,267	\$ 216,032.10	\$ 95.29	4.783	\$ 821.41	\$ 455.76	
@PHYSICIANS SERVICES	74	310	\$ 16,373.10	\$ 52.82	.654	\$ 221.26	\$ 34.54	
OUTPATIENT VISITS	54	67	2,830.24	42.24	.141	52.41	5.97	
OFFICE VISITS	31	38	1,243.44	32.72	.080	40.11	2.62	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	21	25	1,381.09	55.24	.053	65.77	2.91	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.002	126.31	.27	
OTHER OUTPATIENT	3	3	79.40	26.47	.006	26.47	.17	
INPATIENT VISITS	6	39	2,504.79	64.23	.082	417.47	5.28	
HOSPITAL VISITS	5	26	1,261.59	48.52	.055	252.32	2.66	
CRITICAL CARE	2	9	1,094.40	121.60	.019	547.20	2.31	
SNF/ICF/TRANS IP CARE	2	4	148.80	37.20	.008	74.40	.31	
OPHTHALMOLOGICAL SERVICES	2	3	84.87	28.29	.006	42.44	.18	
EXAMINATIONS	2	3	84.87	28.29	.006	42.44	.18	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	4	110	7,099.48	64.54	.232	1774.87	14.98	
PRINCIPAL SURGEON	3	14	5,753.89	410.99	.030	1917.96	12.14	
ASSISTANT SURGEON	1	2	62.55	31.28	.004	62.55	.13	
ANESTHESIOLOGIST	2	94	1,283.04	13.65	.198	641.52	2.71	
OUTPATIENT SURGERY	5	6	481.20	80.20	.013	96.24	1.02	
PRINCIPAL SURGEON	5	6	481.20	80.20	.013	96.24	1.02	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.0	0 .000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.0	0 .000	.00	.00
DIALYSIS	0	0	.00	.0	0 .000	.00	.00
PATHOLOGY	2	9	102.31	11.3	7 .019	51.16	.22
RADIOLOGY	23	60	1,869.95	31.1	7 .127	81.30	3.95
PSYCHIATRY	0	0	.00	.0	0 .000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.15	10.1	5 .002	10.15	.02
OTHER SERVICES/ALL X-OVERS	10	15	1,390.11	92.6	7 .032	139.01	2.93
@PHARMACY	166	712 \$	51,957.65	\$ 72.9	7 1.502	\$ 313.00	\$ 109.62
PRESCRIPTION DRUGS	160	585	50,905.46	87.0	2 1.234	318.16	107.40
SNF/ICF	0	0	.00	.0	0 .000	.00	.00
OUTPATIENTS	160	585	50,905.46	87.0	2 1.234	318.16	107.40
MEDICAL SUPPLIES	23	127	1,052.19	8.2	8 .268	45.75	2.22
@DENTIST	22	118 \$	3,931.80	\$ 33.3	2 .249	\$ 178.72	\$ 8.29
VISITS - DIAGNOSTIC	17	70	1,092.80	15.6	1 .148	64.28	2.31
ORAL SURGERY	3	5	440.00	88.0	0 .011	146.67	.93
DRUGS	0	0	.00	.0	0 .000	.00	.00
ANESTHESIA	0	0	.00	.0	0 .000	.00	.00
PERIODONTICS	0	0	.00	.0	0 .000	.00	.00
ENDODONTICS	3	3	850.00	283.3	3 .006	283.33	1.79
RESTORATIVE DENTISTRY	7	27	1,180.00	43.7	0 .057	168.57	2.49
PROSTHETICS	0	0	.00	.0	0 .000	.00	.00
DENTURES, STAYPLATES	1	12	334.00	27.8	3 .025	334.00	.70
SPACE MAINTAINERS	0	0	.00	.0	0 .000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.0	0 .000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.0	0 .000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.0	0 .002	35.00	.07
ALL OTHER SERVICES	0	0	.00	.0	0 .000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR J	AN 2004 THRU	DEC 2004	PAGE 15,658
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

----- MONTHLY AVERAGE -----474 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3 9 205.79 \$.019 \$ 68.60 \$ 22.87 .43 @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED 83.04 41.52 .004 41.52 .18 85.25 37.50 EYE APPLIANCES 6 14.21 .013 42.63 .18 37.50 .002 37.50 .08 OTHER OPTOMETRIC SERVICES 100.32 \$ 16.72 @CHIROPRACTOR .013 \$ 33.44 \$.21 16.72 33.44 VISITS 100.32 .013 .21 0 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 100.30 \$ 20.06 .011 \$ 50.15 \$.21 MEDICINE/INJECTIONS 72.00 24.00 .006 72.00 .15 11.00 11.00 SURGERY/ANES. 11.00 .002 17.30 RADIO./PATHOLOGY 17.30 .002 17.30 .04 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$ NURSE ANESTHESIST 0 .00 \$.00 .00 \$.000 \$.00 NURSE MIDWIFE 0 .00 \$.00 .000 \$.00 \$.00 .00 \$.00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 \$.00 .000 \$.00 @TOTAL HOSPITAL 242 131,621.39 543.89 .511 \$ 2193.69 \$ 277.68 19 6596.18 41775.78 125,327.33 .040 HOSP INPATIENT TOTAL 0 .00 HSC HOSPITALS .00 .00 .000 .00 19 125,327.33 264.40 NON-HSC HOSPITAL TOTAL 6596.18 .040 41775.78 ACCOMMODATIONS 19 16,966.97 893.00 .040 5655.66 35.80

SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

SONOMA COUNTY

TRANSITIONAL IP CARE ALL OTHER ACCOM ALL OTHER ACCOM ANCILLARIES 3 19 16,966,97 893.00 .000 555.66 35.80 ANCILLARIES 3 0 108,360.36 .00 .000 36120.12 228.61 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .000 .000 .000 .000 HOSP OUTPATIENT TOTAL 59 223 6,294.06 28.22 .470 106.68 13.28 MEDICAL 27 33 1,204.56 36.50 .070 44.61 2.54 SURGERY 8 8 8 272.85 34.11 .017 34.11 .58 PATHOLOGY 19 61 750.49 12.30 .129 39.50 1.58 RADIOLOGY 13 16 1,541.54 96.35 .034 118.58 3.25 ROOM USE 37 44 1,476.24 33.55 .093 39.90 3.11 CROSSOVERS/ALL OTH OUTPINT 20 61 1,048.38 17.19 .129 52.42 2.21 COUNTY HOSPITAL TOTAL 2 15 \$ 48.86 \$ 29.92 .032 \$ 224.43 \$.95 CO HOSPITALS TOTAL 30 0 0 0 0.00 .000 .000 .000 .000 HSC HOSPITALS TOTAL 4 0 0 0 0 0.00 .000 .000 .000 .000 HSC HOSPITALS TOTAL 5 0 0 0 0 0.00 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 0 0.00 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 0 0.00 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 0 0 0.00 .000 .000 .000 .000 ACCOMMODATIONS 0 0 0 0 0.00 .000 .000 .000 .000 ANNINSTRATIVE DAYS 0 0 0 0 0.00 .000 .000 .000 .000 ANNINSTRATIVE DAYS 0 0 0 0 0.00 .000 .000 .000 .000 ANNINSTRATIVE DAYS 0 0 0 0 0.00 .000 .000 .000 .000 ANCILLARIES 0 0 0 0 0 0.00 .000 .000 .000 .000 ANCILLARIES 0 0 0 0 0 0.00 .000 .000 .000 .000 ANCILLARIES 0 0 0 0 0 0.00 .000 .000 .000 .000 ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
ANCILLARIES 3 0 108,360.36 .00 .000 36120.12 228.61 INPATIENT CROSSOVERS 0 0 0 .00 .000 .000 .000 .000 .000 .0	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ANCILLARIES 3 0 108,360.36 .00 .000 36120.12 228.61 INPATIENT CROSSOVERS 0 0 0 .00 .000 .000 .000 .000 .000 .0	ALL OTHER ACCOM	3	19		16,966.97	893.00	.040	5655.66	35.80
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	3	0		108,360.36	.00	.000	36120.12	
HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
MEDICAL 27 33 1,204.56 36.50 .070 44.61 2.54 SURGERY 8 8 272.85 34.11 .017 34.11 .58 PATHOLOGY 19 61 750.49 12.30 .129 39.50 1.58 RADIOLOGY 13 16 1,541.54 96.35 .034 118.58 3.25 ROOM USE 37 44 1,476.24 33.55 .093 39.90 3.11 CROSSOVERS/ALL OTH OUTPTNT 20 61 1,048.38 17.19 .129 52.42 2.21 \$COUNTY HOSPITAL TOTAL 2 15 \$ 448.86 \$ 29.92 .032 \$ 224.43 \$.95 CC HOSPITALI INPATIENT TOTAL 0 0 .00 <	HOSP OUTPATIENT TOTAL	59	223		6,294.06		.470	106.68	13.28
SURGERY 8 8 8 8 272.85 34.11 .017 34.11 .58 PATHOLOGY 19 61 750.49 12.30 .129 39.50 1.58 RADIOLOGY 13 16 1,541.54 96.35 .034 118.58 3.25 ROOM USE 37 44 1,476.24 33.55 .093 39.90 3.11 CROSSOVERS/ALL OTH OUTPTNT 20 61 1,048.38 17.19 .129 52.42 2.21 (COUNTY HOSPITAL TOTAL 2 15 \$ 448.86 \$ 29.92 .032 \$ 224.43 \$.95 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL	27	33			36.50	.070	44.61	2.54
RADIOLOGY 13 16 1,541.54 96.35 .034 118.58 3.25 ROOM USE 37 44 1,476.24 33.55 .093 39.90 3.11 CROSSOVERS/ALL OTH OUTPTNT 20 61 1,048.38 17.19 129 52.42 2.21 (COUNTY HOSPITAL TOTAL 2 15 \$ 448.86 \$ 29.92 .032 \$ 224.43 \$.95 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGERY	8	8				.017	34.11	
ROOM USE 37 44 1,476.24 33.55 .093 39.90 3.11 CROSSOVERS/ALL OTH OUTPINT 20 61 1,048.38 17.19 .129 52.42 2.21 60UNTY HOSPITAL TOTAL 2 15 \$ 448.86 \$ 29.92 .032 \$ 224.43 \$.95 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PATHOLOGY	19	61		750.49	12.30	.129	39.50	1.58
CROSSOVERS/ALL OTH OUTPTNT 20 61 1,048.38 17.19 129 52.42 2.21 @COUNTY HOSPITAL TOTAL 2 15 \$ 448.86 \$ 29.92 .032 \$ 224.43 \$.95 CC HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	RADIOLOGY	13	16		1,541.54	96.35	.034	118.58	3.25
CROSSOVERS/ALL OTH OUTPINT 20	ROOM USE	37	44		1,476.24	33.55	.093	39.90	3.11
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 00 000 000 000 000 000 HSC HOSPITALS 0 0 0 0 0 000 000 000 000 000 000 000	CROSSOVERS/ALL OTH OUTPTNT	20	61				.129	52.42	2.21
HSC HOSPITALS 0 0 .00 .	@COUNTY HOSPITAL TOTAL	2	15	\$	448.86	\$ 29.92	.032	\$ 224.43	\$.95
NON-HSC HOSPITALS TOTAL 0 0 .00	CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 .00	ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ANCILLARIES	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL 2 15 448.86 29.92 .032 224.43 .95 MEDICAL 0 0 .00	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
MEDICAL 0 0 .00 .	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
SURGERY 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 11 162.10 14.74 .023 162.10 .34 RADIOLOGY 1 2 228.13 114.07 .004 228.13 .48 ROOM USE 1 1 36.58 36.58 .002 36.58 .08 CROSSOVERS/ALL OTH OUTPINT 1 1 22.05 22.05 .002 22.05 .05	CO HOSP OUTPATIENT TOTAL	2	15		448.86	29.92	.032	224.43	.95
PATHOLOGY 1 11 162.10 14.74 .023 162.10 .34 RADIOLOGY 1 2 228.13 114.07 .004 228.13 .48 ROOM USE 1 1 36.58 36.58 .002 36.58 .08 CROSSOVERS/ALL OTH OUTPTNT 1 1 22.05 22.05 .002 22.05 .05	MEDICAL	0	0		.00	.00	.000	.00	.00
RADIOLOGY 1 2 228.13 114.07 .004 228.13 .48 ROOM USE 1 1 36.58 36.58 .002 36.58 .08 CROSSOVERS/ALL OTH OUTPINT 1 1 22.05 22.05 .002 22.05 .05	SURGERY	0	0		.00	.00	.000	.00	.00
ROOM USE 1 1 36.58 36.58 .002 36.58 .08 CROSSOVERS/ALL OTH OUTPTNT 1 1 22.05 22.05 .002 22.05 .05	PATHOLOGY	1	11		162.10	14.74	.023	162.10	.34
CROSSOVERS/ALL OTH OUTPINT 1 1 22.05 22.05 .002 22.05 .05	RADIOLOGY	1	2		228.13	114.07	.004	228.13	.48
	ROOM USE	1	1		36.58	36.58	.002	36.58	.08
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,659	CROSSOVERS/ALL OTH OUTPTNT	1	1		22.05	22.05	.002	22.05	.05
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 15,659

MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

SONOMA COUNTI	SUMMARI OF SERVI	CES FOR SSI AFF	EAL/	NLDC IN FA-DISABL	ED AI	D CODES OF	V OF	ONTH		CE	
474 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/12	RAGE COST			HLY AVERA COST PER	-	COST PER
4/4 ELIGIBLES	OSEKS	OR DAYS OF CARE		EVERNDIIOVE2		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	59	227	\$	131,172.53	S S	577.85			2223.26		276.74
COMM HOSP INPATIENT TOTAL	3	19	Y	125,327.33		6596.18	.040		41775.78	Y	264.40
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	3	19		125,327.33		6596.18	.040		41775.78		264.40
ACCOMMODATIONS	3	19		16,966.97		893.00	.040		5655.66		35.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	19		16,966.97		893.00	.040		5655.66		35.80
ANCILLARIES	3	0		108,360.36		.00	.000		36120.12		228.61
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ö	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	58	208		5,845.20		28.10	.439		100.78		12.33
MEDICAL	27	33		1,204.56		36.50	.070		44.61		2.54
SURGERY	8	8		272.85		34.11	.017		34.11		.58
PATHOLOGY	18	50		588.39		11.77	.105		32.69		1.24
RADIOLOGY	12	14		1,313.41		93.82	.030		109.45		2.77
ROOM USE	36	43		1,439.66		33.48	.091		39.99		3.04
CROSSOVERS/ALL OTH OUTPTNT		60		1,026.33		17.11	.127		54.02		2.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	٧	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	2.0	Ś	4,432.80	S	221.64	.042	\$	4432.80	Ś	9.35
LEV A-INTERMEDIATE	0	0	Υ	.00	Y	.00	.000	٧	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	· ·	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	20		4,432.80		221.64	.042		4432.80		9.35
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Τ	.00	7	.00	.000	т	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т.	.00	7	.00	.000	7	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	53	Ś	806.16	Ś	15.21	.112	Ś	201.54	Ś	1.70
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	53		806.16		15.21	.112		201.54		1.70
@LABORATORY FACILITY	20	69	Ś	818.56	\$	11.86	.146	Ś		Ś	1.73
PATHOLOGY	20	69		818.56		11.86	.146		40.93		1.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	64	Ś	3,787.04	Ś	59.17	.135	\$		\$	7.99
CLINIC	8	16	т.	408.69	,	25.54	.034	7	51.09	-	.86
SURGICENTER	Õ	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	18		213.11		11.84	.038		213.11		.45
RURAL HEALTH CLINIC	18	30		3,165.24		105.51	.063		175.85		6.68
#CALIF DEPT OF HEALTH SERV			ES M	MONTH-OF-PAYMENT R	EPORT			DEC		P	PAGE 15,660
MOP024	FEE-FOR-SERVICE/					22. 02 2				-	03/14/05
SONOMA COUNTY			EAL/	NLDC IN PA-DISABL	ED AI	D CODES 6N	1 6P				,, -0
						01		ONT	HIV AMERA	GE.	

----- MONTHLY AVERAGE -----474 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@ALL OTHER PROVIDERS	17	659	\$	1,897.19	\$	2.88	1.390	\$ 111.60	\$	4.00
DURABLE MED. EQUIP.	3	20		324.86		16.24	.042	108.29		.69
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	7	25		1,063.98		42.56	.053	152.00		2.24
AMBULANCES/AIR TRANS	7	25		1,063.98		42.56	.053	152.00		2.24
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		105.00		105.00	.002	105.00		.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	3	8		81.86		10.23	.017	27.29		.17
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	1	3		31.20		10.40	.006	31.20		.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	4	602		290.29		.48	1.270	72.57		.61
@CALIF. CHILDREN SERVICES*	7	63	\$	1,007.39	\$	15.99	.133	\$ 143.91	\$	2.13
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 	105.85	\$	52.93	.004	\$ 52.93	\$.22

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,661 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

AID CODE 1E

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

----- MONTHLY AVERAGE -----513 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 355 368,558.57 7,236 50.93 14.105 \$ 1038.19 \$ 718.44 @TOTAL, ALL PROVIDERS 48 2,225.80 19.35 @PHYSICIANS SERVICES 115 .224 \$ 46.37 \$ 4.34 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 0 .00 EXAMINATIONS .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	. (0	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	. (0	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	. (0	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	. (0	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	. (.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	. (0	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	. (0	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	. (0	.00
DIALYSIS	0	0		.00		.00	.000	. (0	.00
PATHOLOGY	0	0		.00		.00	.000	. (0	.00
RADIOLOGY	0	0		.00		.00	.000	. (0	.00
PSYCHIATRY	0	0		.00		.00	.000	. (0	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	. (0	.00
OTHER SERVICES/ALL X-OVERS	48	115		2,225.80		19.35	.224	46.3		4.34
@PHARMACY	242	1,648	\$		\$	34.21	3.212	\$ 232.	9 \$	109.91
PRESCRIPTION DRUGS	239	968		54,819.73		56.63	1.887	229.3	37	106.86
SNF/ICF	89	490		25,911.75		52.88	.955	291.	4	50.51
OUTPATIENTS	151	478		28,907.98		60.48	.932	191.	4	56.35
MEDICAL SUPPLIES	14	680		1,563.45		2.30	1.326	111.	8	3.05
@DENTIST	13	21	\$	941.00	\$	44.81	.041	\$ 72.3	88 \$	1.83
VISITS - DIAGNOSTIC	11	17		461.00		27.12	.033	41.9	1	.90
ORAL SURGERY	0	0		.00		.00	.000	. (0	.00
DRUGS	0	0		.00		.00	.000	. (0	.00
ANESTHESIA	0	0		.00		.00	.000	. (0	.00
PERIODONTICS	0	0		.00		.00	.000	. (0 (.00
ENDODONTICS	0	0		.00		.00	.000	. (0	.00
RESTORATIVE DENTISTRY	1	1		340.00		340.00	.002	340.0	0 (.66
PROSTHETICS	0	0		.00		.00	.000	. (0 (.00
DENTURES, STAYPLATES	2	3		140.00		46.67	.006	70.0	0 (.27
SPACE MAINTAINERS	0	0		.00		.00	.000	. (0	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	. (0 (.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	. (0 (.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	. (0 (.00
ALL OTHER SERVICES	0	0		.00		.00	.000	. (0 (.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MO	ONTH-OF-PAYMENT F	REPOR!	r for jan 2	2004 THRU	DEC 2004		PAGE 15,662
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- AGED IN PA-AGEI		AID CODE	Ξ 1E			
							M	ONTHLY AVI	RAGE	Ξ
513 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST			lR.	COST PER
		OR DAYS OF CA	RE		PEI	R UNIT/DAY				ELIGIBLE
@OPTOMETRIST	6	15	\$	265.55	\$	17.70	.029		6 \$	•
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	. (0 (.00

513 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	15	\$ 265.55	\$ 17.70		\$	44.26	\$.52
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	6	15	265.55	17.70	.029		44.26	.52
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	20	34	\$ 162.34	\$ 4.77	.066	\$	8.12	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	20	34	162.34	4.77	.066		8.12	.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0		\$.00	\$.00	.000			.00
@TOTAL HOSPITAL	25	84	\$	9,604.44	\$	114.34	.164		\$	18.72
HOSP INPATIENT TOTAL	6	0		7,744.74		.00	.000	1290.79		15.10
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	6	0		7,744.74		.00	.000	1290.79		15.10
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	22	84		1,859.70		22.14	.164	84.53		3.63
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	Ő		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	Ő		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	· ·	84		1,859.70		22.14	.164	84.53		3.63
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000		Ċ	.00
CO HOSPITAL INPATIENT TOTAL	•	0	Y	.00	Y	.00	.000	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0								
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE	S MON	NTH-OF-PAYMENT RE	EPOR'	I FOR JAN 2	2004 THRU D	EC 2004	P.	AGE 15,663
MOP024	FEE-FOR-SERVICE/DE									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR CRAIG CA	SES-	AGED IN PA-AGED		AID CODE	1E			
								NTHLY AVERA		
513 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
	OI	R DAYS OF CARE			PEI	R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	84	\$	9,604.44	\$	114.34	.164	\$ 384.18	\$	18.72
COMM HOSP INPATIENT TOTAL	6	0		7,744.74		.00	.000	1290.79		15.10
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	6	0		7,744.74		.00	.000	1290.79		15.10
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	22	84		1,859.70		22.14	.164	84.53		3.63
MEDICAL	0	0		.00		.00	.000	.00		.00
	-	-								

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	22	84	1,859.70	22.14	.164	84.53	3.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	85	1,615	\$ 256,889.90	\$ 159.06	3.148	\$ 3022.23	\$ 500.76
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	85	1,615	256,889.90	159.06	3.148	3022.23	500.76
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	5	\$ 49.48	\$ 9.90	.010	\$ 16.49	\$.10
PATHOLOGY	3	5	49.48	9.90	.010	16.49	.10
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	15	\$ 496.90	\$ 33.13	.029	\$ 55.21	\$.97
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 9 15 496.90 33.13 .029 55.21 .97 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,664

03/14/05

FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

001.0121	COLUMNIC OF CEICLEOF		11022 111 11022	1112 002.			
					MOI	NTHLY AVERA	GE
513 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	63	3 , 684 \$	41,539.98	\$ 11.28	7.181	\$ 659.36	\$ 80.97
DURABLE MED. EQUIP.	4	12	2,186.98	182.25	.023	546.75	4.26
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	797.62	797.62	.002	797.62	1.55
MEDICAL TRANSPORTATION	4	111	356.85	3.21	.216	89.21	.70
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	111	356.85	3.21	.216	89.21	.70
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	8	140.57	17.57	.016	70.29	.27
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	69	1,287.03	18.65	.135	321.76	2.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	156.48	13.04	.023	26.08	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	10	7.88	.79	.019	1.13	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	10	368.87	36.89	.019	92.22	.72
HOSPICE SERVICES	10	267	34,400.49	128.84	.520	3440.05	67.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	3,184	1,837.21	.58	6.207	73.49	3.58
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	120	1,900 \$	47,344.61	\$ 24.92	3.704	\$ 394.54	\$ 92.29
@* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARATE	INFORMATION ITEM (ONLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,665 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						MON	ITHLY AVERA	GE
40 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	29	469	\$	19,809.08	\$ 42.24	11.725	683.07	\$ 495.23
@PHYSICIANS SERVICES	8	8	\$	353.23	\$ 44.15	.200	44.15	\$ 8.83
OUTPATIENT VISITS	2	2		68.60	34.30	.050	34.30	1.72
OFFICE VISITS	1	1		24.00	24.00	.025	24.00	.60
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.025	44.60	1.12
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	2			74.30		37.15	.050		37.15		1.86
EXAMINATIONS	2	2			74.30		37.15	.050		37.15		1.86
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1			47.85		47.85	.025		47.85		1.20
PRINCIPAL SURGEON	1	1			47.85		47.85	.025		47.85		1.20
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	3			162.48		54.16	.075		54.16		4.06
@PHARMACY	17	65	\$		2,959.06	\$	45.52	1.625	\$	174.06	\$	73.98
PRESCRIPTION DRUGS	17	63			2,869.66		45.55	1.575		168.80		71.74
SNF/ICF	5	28			1,295.30		46.26	.700		259.06		32.38
OUTPATIENTS	13	35			1,574.36		44.98	.875		121.10		39.36
MEDICAL SUPPLIES	1	2			89.40		44.70	.050		89.40		2.24
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MO	NTH-OF-	PAYMENT RE	EPORT	FOR JAN 200	4 THRU	DEC	2004	PA	GE 15,666
MOP024	FEE-FOR-SERVICE/DENTAL											03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- BLIND	IN PA-BLI	ND	AID CODE 2	E				
								3.4	C N T I II I	TT 17 A T 7 T T T A	O.D.	

40 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 0 .00 .00 .000 \$.00 \$.00 .00 VISITS 0 0 .00 .00 .000 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 0 .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	6	Ś	1,429.61	\$	238.27	.150	\$	357.40	\$	35.74
HOSP INPATIENT TOTAL	1	0	۲	1,270.00	Y	.00	.000	٧	1270.00	٧	31.75
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		1,270.00		.00	.000		1270.00		31.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	6		159.61		26.60	.150		53.20		3.99
MEDICAL	1	3		83.16		27.72	.075		83.16		2.08
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		25.14		25.14	.025		25.14		.63
ROOM USE	1	1		34.10		34.10	.025		34.10		.85
CROSSOVERS/ALL OTH OUTPTNT	1	1		17.21		17.21	.025		17.21		.43
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0									.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	_~	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	SPOR'.	L' FOR JAN 2	2004 THRU	DEC	2004	PA	GE 15,667
MOP024	FEE-FOR-SERVICE/						_				03/14/05
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CA	ASES-	BLIND IN PA-BLIN	1D	AID CODE					
							M				
40 ELIGIBLES		UNITS OF SERVICE		EXPENDITURES							OST PER
_		OR DAYS OF CARE				R UNIT/DAY			USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	6	\$	1,429.61					357.40	\$	
COMM HOSP INPATIENT TOTAL	1	0		1,270.00			.000		1270.00		31.75
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		1,270.00		.00	.000		1270.00		31.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	6		159.61		26.60	.150		53.20		3.99
MEDICAL	1	3		83.16		27.72	.075		83.16		2.08
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		25.14		25.14	.025		25.14		.63
	1	1		34.10		34.10	.025		34.10		.85
ROOM USE	1	_									
CROSSOVERS/ALL OTH OUTPINT	0	1	^	17.21	<u> </u>	17.21	.025	<u>^</u>	17.21	<u>^</u>	.43
@STATE HOSPITAL	•	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	5	98	\$	13,130.32	\$	133.98	2.450	\$	2626.06	\$	328.26
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	98		13,130.32		133.98	2.450		2626.06		328.26
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	6	\$	84.15	\$	14.03	.150	\$	84.15	Ś	2.10
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	6		84.15		14.03	.150		84.15		2.10
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PATHOLOGY	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	0	Ś	380.55	\$	95.14	.100	\$	126.85	Ś	9.51
CLINIC CLINIC	5	4	ې	.00	۲	.00	.000	Y	.00	ې	.00
	0	0		.00					.00		.00
SURGICENTER	0	0				.00	.000				
HEROIN DETOX CLINIC	3	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC		4	IDDO MO	380.55	- DODE	95.14	.100	DEC	126.85	D.7	9.51
#CALIF DEPT OF HEALTH SERV			JRES MC	NTH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 15,668
MOP024	FEE-FOR-SERVICE	,	07.000		.ID	3 TD 00D	n 0n				03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	BLIND IN PA-BLIN	ND	AID COD				C T	
40			_						HLY AVERA		
40 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
_	_	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	7	282	\$	1,472.16	\$	5.22	7.050	Ş	210.31	\$	36.80
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	5CF	}	7.56CF	3	1.51	.1250	R	.00		.19CR
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	5CF	}	7.56CF	3	1.51	.1250	R	.00		.19CR
ACUPUNCTURE	1	2		32.44		16.22	.050		32.44		.81
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	.00
OPTICIAN	1	2	30.00	15.	00 .050	30.00	.75
PHYSICAL THERAPIST	0	0	.00		.000	.00	.00
PORTABLE X-RAY	0	0	.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.000	.00	.00
PROSTHETICS	0	0	.00		.000	.00	.00
ORTHOTICS	0	0	.00		.000	.00	.00
PSYCHOLOGIST	0	0	.00		.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	177.73	44.	43 .100	88.87	4.44
HOSPICE SERVICES	0	0	.00		.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	2	179	1,174.55	6.	56 4.475	587.28	29.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	.00
ALL OTHER PROVIDERS	1	100	65.00		65 2.500	65.00	1.63
@CALIF. CHILDREN SERVICES*	5	15 \$	521.22	\$ 34.	75 .375	\$ 104.24	\$ 13.03
@XOVER EXCLUDING STATE HOSP**	2	3CR \$	849.63	\$ 283.	21CR .075C	R\$ 424.82	\$ 21.24

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,669
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----2,592 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,923 26,496 \$ 10.222 \$ 843.25 \$ 625.61 @TOTAL, ALL PROVIDERS 1,621,572.03 \$ 61.20 44,539.98 \$ @PHYSICIANS SERVICES 396 1,328 33.54 .512 \$ 112.47 \$ 17.18 7,727.51 54.42 OUTPATIENT VISITS 142 183 42.23 .071 2.98 81 96 3,398.04 35.40 .037 41.95 1.31 OFFICE VISITS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	50	67	3,808.43	56.84	.026	76.17	1.47
PREVENTIVE CARE	1	1	48.00	48.00	.000	48.00	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	19	473.04	24.90	.007	31.54	.18
INPATIENT VISITS	36	84	4,392.57	52.29	.032	122.02	1.69
HOSPITAL VISITS	18	56	2,638.42	47.11	.022	146.58	1.02
CRITICAL CARE	3	8	1,068.45	133.56	.003	356.15	.41
SNF/ICF/TRANS IP CARE	17	20	685.70	34.29	.008	40.34	.26
OPHTHALMOLOGICAL SERVICES	8	12	462.67	38.56	.005	57.83	.18
EXAMINATIONS	0	12	462.67	38.56	.005	57.83	.18
	0	0					.00
SERVICES AND MATERIALS	18		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY		123	7,880.32	64.07	.047	437.80	3.04
PRINCIPAL SURGEON	12	24	5,740.88	239.20	.009	478.41	2.21
ASSISTANT SURGEON	1	1	398.73	398.73	.000	398.73	.15
ANESTHESIOLOGIST	8	98	1,740.71	17.76	.038	217.59	.67
OUTPATIENT SURGERY	29	118	4,781.84	40.52	.046	164.89	1.84
PRINCIPAL SURGEON	22	26	3,722.53	143.17	.010	169.21	1.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	92	1,059.31	11.51	.035	132.41	.41
DIALYSIS	3	3	600.08	200.03	.001	200.03	.23
PATHOLOGY	0 8 3 21 75	52	741.59	14.26	.020	35.31	.29
RADIOLOGY	75	151	6,327.96	41.91	.058	84.37	2.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	52	2,265.37	43.56	.020	377.56	.87
OTHER SERVICES/ALL X-OVERS	165	550	9,360.07	17.02	.212	56.73	3.61
@PHARMACY		6,913 \$		\$ 63.97	2.667 \$		
PRESCRIPTION DRUGS	1,189 1,178	4,631	436,830.33	94.33	1.787	370.82	168.53
SNF/ICF	214	1,137	109,971.01	96.72	.439	513.88	42.43
OUTPATIENTS	971	3,494	326,859.32	93.55	1.348	336.62	126.10
MEDICAL SUPPLIES	62	2,282	5,395.47	2.36	.880	87.02	2.08
@DENTIST	95	359 \$	•	\$ 43.42	.139 \$	164.07	
VISITS - DIAGNOSTIC	68	237	3,151.78	13.30	.091	46.35	1.22
ORAL SURGERY		28	1,649.00	58.89	.011	117.79	.64
DDICC	14 1	2	•		.001		.00
DRUGS	2		.00	.00		.00	
ANESTHESIA		2	200.00	100.00	.001	100.00	.08
PERIODONTICS	5	5	354.00	70.80	.002	70.80	.14
ENDODONTICS	5	6	1,870.00	311.67	.002	374.00	.72
RESTORATIVE DENTISTRY	21	51	3,206.90	62.88	.020	152.71	1.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	28	5,155.00	184.11	.011	736.43	1.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 15,670
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	- DISABLED IN PA-	DISABLED AID CO	ODE 6E		
					MONT	THLY AVERAG	GE
2,592 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	41	134 \$	2,690.04	\$ 20.07	.052 \$	65.61	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	16	16	743.18	46.45	.006	46.45	.29
EYE APPLIANCES	37	116	1,830.51	15.78	.045	49.47	.71
OTHER OPTOMETRIC SERVICES	2	2	116.35	58.18	.001	58.18	.04

@CHIROPRACTOR	2	14	\$	188.94	\$	13.50	.005	Ś	94.47	Ś	.07
VISITS	1	8		133.76		16.72	.003		133.76		.05
OTHER SERVICES	1	6		55.18		9.20	.002		55.18		.02
@PODIATRIST	41	67	\$	431.89	\$.026	Ś		Ś	.17
MEDICINE/INJECTIONS	3	3		105.20	·	35.07	.001		35.07		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.01
OTHER	38	63		309.39		4.91	.024		8.14		.12
@HOME HEALTH AGENCY	9	619	\$	19,037.89	\$			\$	2115.32	\$	7.34
NURSE ANESTHESIST	0	0	\$.00			.000		.00		.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	1	1	\$	5.47			.000	\$	5.47		.00
@TOTAL HOSPITAL	334	1,748	\$	141,852.80		81.15	.674				54.73
HOSP INPATIENT TOTAL	27	77		92,147.33		1196.72	.030		3412.86		35.55
HSC HOSPITALS	6	25		39,581.00		1583.24	.010		6596.83		15.27
NON-HSC HOSPITAL TOTAL	8	52		37,870.87		728.29	.020		4733.86		14.61
ACCOMMODATIONS	8	52		16,109.15		309.79	.020		2013.64		6.21
ADMINISTRATIVE DAYS	1	27		6,245.10		231.30	.010		6245.10		2.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	25		9,864.05		394.56	.010		1409.15		3.81
ANCILLARIES	8	0		21,761.72		.00	.000		2720.22		8.40
INPATIENT CROSSOVERS	14	0		14,695.46		.00	.000		1049.68		5.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	310	1,671		49,705.47		29.75	.645		160.34		19.18
MEDICAL	117	202		8,287.91		41.03	.078		70.84		3.20
SURGERY	30	31		1,523.39		49.14	.012		50.78		.59
PATHOLOGY	90	486		5,216.87		10.73	.188		57.97		2.01
RADIOLOGY	64	97		10,390.23		107.12	.037		162.35		4.01
ROOM USE	143	212		7,905.17		37.29	.082		55.28		3.05
CROSSOVERS/ALL OTH OUTPTNT	153	643		16,381.90		25.48	.248		107.07		6.32
@COUNTY HOSPITAL TOTAL	11	104	\$	15,105.04	\$	145.24	.040	\$	1373.19	\$	5.83
CO HOSPITAL INPATIENT TOTAL	2	14		13,015.65		929.69	.005		6507.83		5.02
HSC HOSPITALS	2	10		11,150.00		1115.00	.004		5575.00		4.30
NON-HSC HOSPITALS TOTAL	1	4		1,865.65		466.41	.002		1865.65		.72
ACCOMMODATIONS	1	4		925.20		231.30	.002		925.20		.36
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4		925.20		231.30	.002		925.20		.36
ANCILLARIES	1	0		940.45		.00	.000		940.45		.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	90		2,089.39		23.22	.035		208.94		.81
MEDICAL	6	13		505.45		38.88	.005		84.24		.20
SURGERY	1	1		93.64		93.64	.000		93.64		.04
PATHOLOGY	7	45		378.26		8.41	.017		54.04		.15
RADIOLOGY	3	9		374.07		41.56	.003		124.69		.14
ROOM USE	7	13		621.24		47.79	.005		88.75		.24
CROSSOVERS/ALL OTH OUTPTNT		9		116.73		12.97			29.18		.05
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	P.F	AGE 15,671
MOP024	FEE-FOR-SERVIC	,									03/14/05
SONOMA COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASE	S- DISABLED IN PA-	DISA	BLED AID CO					
2 502 51767575	HORDO	INITED OF CERTICAL	,		7	TEDACE COCT	M			-	
2,592 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
ACOMMINITAL HORDINAL HORAL	202	OR DAYS OF CAR		126 747 76		R UNIT/DAY			USER 392.41		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	323	1,644	\$	126,747.76	\$	77.10	.634	Þ	392.41	Þ	48.90

COMM HOSP INPATIENT TOTAL	25 4	63		79,131.68		1256.06	.024		3165.27		30.53
HSC HOSPITALS	7	15		28,431.00		L895.40	.006		7107.75		10.97
NON-HSC HOSPITALS TOTAL	/	48		36,005.22		750.11	.019		5143.60		13.89
ACCOMMODATIONS	/	48		15,183.95		316.33	.019		2169.14		5.86
ADMINISTRATIVE DAYS	1	27		6,245.10		231.30	.010		6245.10		2.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	21		8,938.85		425.66	.008		1489.81		3.45
ANCILLARIES	7	0		20,821.27		.00	.000		2974.47		8.03
INPATIENT CROSSOVERS	14	0		14,695.46		.00	.000		1049.68		5.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	300	1,581		47,616.08		30.12	.610		158.72		18.37
MEDICAL	111	189		7,782.46		41.18	.073		70.11		3.00
SURGERY	29	30		1,429.75		47.66	.012		49.30		.55
PATHOLOGY	83	441		4,838.61		10.97	.170		58.30		1.87
RADIOLOGY	61	88		10,016.16		113.82	.034		164.20		3.86
ROOM USE	136	199		7,283.93		36.60	.077		53.56		2.81
CROSSOVERS/ALL OTH OUTPINT		634		16,265.17		25.65	.245		109.16		6.28
@STATE HOSPITAL	0	0	\$		\$.00	.000	¢	.00	Ġ	.73
MENTALLY ILL	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		1,887.50			.000		.00		.73
	•		Ċ		Ċ	.00		ċ		Ċ	
@NURSING FACILITY	179	4,415	\$	645,282.98	\$		1.703	Ş	3604.93	\$	248.95
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	66	1,883		269,223.85		142.98	.726		4079.15		103.87
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	113	2,532				148.52	.977		3327.96		145.08
@INTERMEDIATE CARE FACILDD	35	891	\$	159,339.34	\$	178.83	.344	\$	4552.55	\$	61.47
ICF DDH	32	800		140,029.48		175.04	.309		4375.92		54.02
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	3	91		19,309.86		212.20	.035		6436.62		7.45
@HEMODIALYSIS TOTAL	22	112	\$		Ś	156.97		Ś	799.12	Ś	6.78
HOSPITAL BASED	0	0	Ψ	.00	Τ	.00	.000	Ψ.	.00	т	.00
HEMODIALYSIS CENTER	22	112		17,580.62		156.97	.043		799.12		6.78
@REHABILITATION FACILITY	17	373	\$		\$.144	Ċ		ċ	2.17
	3	94	Ą	1,532.91	۲	16.31	.036	ې	510.97	۲	.59
HOSPITAL BASED											
INDEPENDENT FACILITY	14	279	A	4,102.00	<u> </u>	14.70	.108	<u> </u>	293.00	<u>^</u>	1.58
@LABORATORY FACILITY	59	215	\$		\$	12.62	.083	Ş	45.98	Ş	1.05
PATHOLOGY	59	215		2,713.10		12.62	.083		45.98		1.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	225	408	\$		\$	95.06	.157	\$		\$	14.96
CLINIC	10	36		976.64		27.13	.014		97.66		.38
SURGICENTER	1	1		197.97		197.97	.000		197.97		.08
HEROIN DETOX CLINIC	2	15		222.41		14.83	.006		111.21		.09
RURAL HEALTH CLINIC	215	356		37,387.84		105.02	.137		173.90		14.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI				DEC		Р	AGE 15,672
MOP024	FEE-FOR-SERVICE										03/14/05
SONOMA COUNTY			CASES-	- DISABLED IN PA-I	DTSABI	ED ATD CO	ODE 6E				, ,
BONOINI GOONII	SOIMMING OF SERV	1020 1010 014110	0110110		D 1 011D1		M	ONT	HIY AVERA	GE	
2,592 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	ΔVEI	PAGE COST	UNITS/DAY			-	COST PER
2,002 66101660	OBLIG	OR DAYS OF CAR		EMIDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	238		.E. \$	83,789.23	\$	9.42			352.06		32.33
DURABLE MED. EQUIP.	25°	0,099 76	Y	31,136.88	Y	409.70	.029	ې	1245.48	٢	12.01
~	25 0			•							
BLOOD BANK	2	0 4		.00 215.99		.00 54.00	.000		.00 108.00		.00
HEARING AID DISPENSERS	,										
MEDICAL TRANSPORTATION	55	1,810		9,101.58		5.03	.002 .698		165.48		.08 3.51

AMBULANCES/AIR TRANS	28	288	4,011.04	13.93	.111	143.25	1.55
OTHER TRANS	21	1,513	5,155.15	3.41	.584	245.48	1.99
OTHER SERVICES	7	9	64.61CR	7.18CR	.003	9.23CR	.02CR
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	15	1,043.70	69.58	.006	1043.70	.40
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1	1	30.00	30.00	.000	30.00	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	38	86	882.79	10.27	.033	23.23	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	14	39.51	2.82	.005	6.59	.02
PROSTHETIST/ORTHOTISTS	4	11	792.64	72.06	.004	198.16	.31
PROSTHETICS	4	11	792.64	72.06	.004	198.16	.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	84.45	42.23	.001	42.23	.03
SPEECH AND AUDIOLOGY	8	17	1,318.55	77.56	.007	164.82	.51
HOSPICE SERVICES	7	189	27 , 061.83	143.18	.073	3865.98	10.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	59	1,341	10,152.52	7.57	.517	172.08	3.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	45	5 , 333	1,928.79	.36	2.057	42.86	.74
@CALIF. CHILDREN SERVICES*	70	523	\$ 25,870.42	\$ 49.47	.202	\$ 369.58	\$ 9.98
@XOVER EXCLUDING STATE HOSP**	291	1,117	\$ 77,319.54	\$ 69.22	.431	\$ 265.70	\$ 29.83

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03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

00110121 0001121	001111111111111111111111111111111111111	11020 1011 011120 011020					
					MON	NTHLY AVERA	GE
3,145 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,307	34,201 \$	2,009,939.68	\$ 58.77	10.875	\$ 871.24	\$ 639.09
@PHYSICIANS SERVICES	452	1,451 \$	47,119.01	\$ 32.47	.461	\$ 104.25	\$ 14.98
OUTPATIENT VISITS	144	185	7,796.11	42.14	.059	54.14	2.48
OFFICE VISITS	82	97	3,422.04	35.28	.031	41.73	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	68	3,853.03	56.66	.022	75.55	1.23
PREVENTIVE CARE	1	1	48.00	48.00	.000	48.00	.02
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	19	473.04	24.90	.006	31.54	.15
INPATIENT VISITS	36	84	4,392.57	52.29	.027	122.02	1.40
HOSPITAL VISITS	18	56	2,638.42	47.11	.018	146.58	.84
CRITICAL CARE	3	8	1,068.45	133.56	.003	356.15	.34
SNF/ICF/TRANS IP CARE	17	20	685.70	34.29	.006	40.34	.22
OPHTHALMOLOGICAL SERVICES	10	14	536.97	38.36	.004	53.70	.17
EXAMINATIONS	10	14	536.97	38.36	.004	53.70	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	123	7,880.32	64.07	.039	437.80	2.51
PRINCIPAL SURGEON	12	24	5,740.88	239.20	.008	478.41	1.83
ASSISTANT SURGEON	1	1	398.73	398.73	.000	398.73	.13
ANESTHESIOLOGIST	8	98	1,740.71	17.76	.031	217.59	.55
OUTPATIENT SURGERY	30	119	4,829.69	40.59	.038	160.99	1.54
PRINCIPAL SURGEON	23	27	3,770.38	139.64	.009	163.93	1.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	8	92		1,059.31		11.51	.029		132.41		.34
DIALYSIS	3	3		600.08		200.03	.001		200.03		.19
PATHOLOGY	21	52		741.59		14.26	.017		35.31		.24
RADIOLOGY	75	151		6,327.96		41.91	.048		84.37		2.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	6	52		2,265.37		43.56	.017		377.56		.72
OTHER SERVICES/ALL X-OVERS	216	668		11,748.35		17.59	.212		54.39		3.74
@PHARMACY	1,448	8,626	\$	501,568.04	\$	58.15	2.743	\$	346.39	\$	159.48
PRESCRIPTION DRUGS	1,434	5,662		494,519.72		87.34	1.800		344.85		157.24
SNF/ICF	308	1,655		137,178.06		82.89	.526		445.38		43.62
OUTPATIENTS	1,135	4,007		357,341.66		89.18	1.274		314.84		113.62
MEDICAL SUPPLIES	. 77	2,964		7,048.32		2.38	.942		91.54		2.24
@DENTIST	108	380	\$	16,527.68	\$	43.49	.121	\$	153.03	\$	5.26
VISITS - DIAGNOSTIC	79	254		3,612.78		14.22	.081		45.73		1.15
ORAL SURGERY	14	28		1,649.00		58.89	.009		117.79		.52
DRUGS	1	2		.00		.00	.001		.00		.00
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.06
PERIODONTICS	5	5		354.00		70.80	.002		70.80		.11
ENDODONTICS	5	6		1,870.00		311.67	.002		374.00		.59
RESTORATIVE DENTISTRY	22	52		3,546.90		68.21	.017		161.22		1.13
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	31		5,295.00		170.81	.010		588.33		1.68
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES M	MONTH-OF-PAYMENT RI	EPORT :	FOR JAN	2004 THRU	DEC	2004	PZ	AGE 15,674
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES	S- TOTAL IN PA-TOTA	AL						
							M	ONTE	HLY AVERA	GE -	

3,145 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	47	149 \$	2,955.59	\$ 19.84	.047 \$	62.88	\$.94
DIAGNOSTIC AND ANC. PROCED	16	16	743.18	46.45	.005	46.45	.24
EYE APPLIANCES	43	131	2,096.06	16.00	.042	48.75	.67
OTHER OPTOMETRIC SERVICES	2	2	116.35	58.18	.001	58.18	.04
@CHIROPRACTOR	2	14 \$	188.94	\$ 13.50	.004 \$		\$.06
VISITS	1	8	133.76	16.72	.003	133.76	.04
OTHER SERVICES	1	6	55.18	9.20	.002	55.18	.02
@PODIATRIST	61	101 \$	594.23	\$ 5.88	.032 \$		
MEDICINE/INJECTIONS	3	3	105.20	35.07	.001	35.07	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	ĺ	1	17.30	17.30	.000	17.30	.01
OTHER	58	97	471.73	4.86	.031	8.13	.15
@HOME HEALTH AGENCY	9	619 \$	19,037.89	\$ 30.76	.197 \$		\$ 6.05
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	1	1 \$	5.47	\$ 5.47	.000 \$		\$.00
@TOTAL HOSPITAL	363	1,838 \$	152,886.85	\$ 83.18	.584 \$		\$ 48.61
HOSP INPATIENT TOTAL	34	77	101,162.07	1313.79	.024	2975.36	32.17
HSC HOSPITALS	6	25	39,581.00	1583.24	.008	6596.83	12.59
NON-HSC HOSPITAL TOTAL	8	52	37,870.87	728.29	.017	4733.86	12.04
ACCOMMODATIONS	8	52	16,109.15	309.79	.017	2013.64	5.12
ADMINISTRATIVE DAYS	1	27	6,245.10	231.30	.009	6245.10	1.99
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	25	9,864.05	394.56	.008	1409.15	3.14
ANCILLARIES	8	0	21,761.72	.00	.000	2720.22	6.92
INPATIENT CROSSOVERS	21	0	23,710.20	.00	.000	1129.06	7.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	335	1,761	51,724.78	29.37	.560	154.40	16.45
MEDICAL	118	205	8,371.07	40.83	.065	70.94	2.66
SURGERY	30	31	1,523.39	49.14	.010	50.78	.48
PATHOLOGY	90	486	5,216.87	10.73	.155	57.97	1.66
RADIOLOGY	65	98	10,415.37	106.28	.031	160.24	3.31
ROOM USE	144	213	7,939.27	37.27	.068	55.13	2.52
CROSSOVERS/ALL OTH OUTPINT	176	728	18,258.81	25.08	.231	103.74	5.81
@COUNTY HOSPITAL TOTAL	11	104 \$	15,105.04	\$ 145.24	.033 \$		
CO HOSPITAL INPATIENT TOTAL	2	14	13,015.65	929.69	.004	6507.83	4.14
HSC HOSPITALS	2	10	11,150.00	1115.00	.003	5575.00	3.55
NON-HSC HOSPITALS TOTAL	1	4	1,865.65	466.41	.001	1865.65	.59
ACCOMMODATIONS	1	4	925.20	231.30	.001	925.20	.29
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	925.20	231.30	.001	925.20	.29
ANCILLARIES	1	0	940.45	.00	.000	940.45	.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	90	2,089.39	23.22	.029	208.94	.66
MEDICAL	6	13	505.45	38.88	.004	84.24	.16
SURGERY	1	1	93.64	93.64	.000	93.64	.03
PATHOLOGY	7	45	378.26	8.41	.014	54.04	.12
RADIOLOGY	3	9	374.07	41.56	.003	124.69	.12
ROOM USE	7	13	621.24	47.79	.004	88.75	.20
CROSSOVERS/ALL OTH OUTPTNT	4	9	116.73	12.97	.003	29.18	.04
	MEDI-CAL SERVIC	ES AND EXPENDITURES MO					PAGE 15,675
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MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG (CASES-	- TOTAL IN PA-TOT	ľAL		_				
0 145 51 16151 56			_		3.1.00				HLY AVERA	AGE	
3,145 ELIGIBLES	USERS	UNITS OF SERVICE					UNITS/DAY				COST PER
@COMMUNITY HOSPITAL TOTAL	252	OR DAYS OF CARM 1,734 63 15 48 48 27 0 21 0 1,671 192	<u>.</u>	127 701 01		- ,	PER ELIC		USER		ELIGIBLE
GCOMMUNITY HOSPITAL TOTAL	332	1,/34	Ş	137,781.81		79.46	.551	Ş	391.43	Ş	43.81 28.03
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	32	63 1 E		88,146.42		399.15	.020		2754.58 7107.75		
HSC HOSPITALS	4 7	15		28,431.00		895.40					9.04
NON-HSC HOSPITALS TOTAL	/	48		36,005.22		750.11	.015		5143.60		11.45
ACCOMMODATIONS	/	48		15,183.95 6,245.10		316.33	.015		2169.14		4.83
ADMINISTRATIVE DAYS	1	27		6,245.10		231.30	.009		6245.10		1.99
TRANSITIONAL IP CARE	0	0		.00		.00 425.66	.000		.00		.00
ALL OTHER ACCOM	6	21		8,938.85		425.66	.007		1489.81		2.84
ANCILLARIES	7	0		20,821.27		.00	.000		2974.47		6.62
INPATIENT CROSSOVERS	21	0		23,710.20		.00	.000		1129.06		7.54
ALL OTHER INPATIENT	0	0		.00 49,635.39		.00	.000		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	325	1,671		49,635.39		29.70 40.97	.531		152.72		15.78
MEDICAL	112	192		7,865.62		40.97	.061		70.23		2.50
SURGERY	2,7	9.0		1, 123.70		47.66	.010		49.30		.45
PATHOLOGY	83	441		4,838.61		10.97	.140		58.30		1.54
RADIOLOGY	62	89 200		10,041.30		112.82	.028		161.96		3.19
ROOM USE	137			7,318.03		36.59	.064		53.42		2.33
CROSSOVERS/ALL OTH OUTPTNT	172	719		18,142.08		25.23	.229		105.48		5.77
@STATE HOSPITAL	0	0	\$	1,887.50	\$.00	.000	\$.00	\$.60
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		1,887.50		.00	.000		.00		.60
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	269	6,128	\$	915,303.20	\$	149.36	1.948	\$	3402.61	\$	291.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	66	1,883		269,223.85		142.98	.599		4079.15		85.60
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	203	4,245		646,079.35		152.20	1.350		3182.66		205.43
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	35	891	Ś	159,339.34		178.83			4552.55	Ś	50.66
TCF DDH	32	800		140,029.48		175.04	.254		4375.92		44.52
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	3	91		19,309.86		212.20	.029		6436.62		6.14
GHEMODIALYSIS TOTAL	22	112	Ś	17,580.62		156.97		Ś	799.12	Ś	5.59
HOSPITAL BASED	0	0	7	.00	т	.00	.000		.00	т.	.00
HEMODIALYSIS CENTER	22	112		17,580.62		156.97	.036		799.12		5.59
GREHABILITATION FACILITY	18	379	\$	•		15.09	.121			Ś	1.82
HOSPITAL BASED	3	94	т	1,532.91	т	16.31	.030	т	510.97	Τ.	.49
TNDEPENDENT FACTLITY	15	285		4,186.15		14.69	.091		279.08		1.33
ALABORATORY FACTLITY	62	220	Ś	2,762.58	\$	12.56	.070	Ś	44.56	Ś	.88
DATHOLOCV	62	220	Ÿ	2,762.58		12.56	.070		44.56	Y	.88
YO AND OTHERS	02	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	237	427	Ś	39,662.31		92.89	.136	Ċ	167.35	Ċ	12.61
CLINIC CLINIC	10	36	۲	976.64		27.13	.011		97.66	ې	.31
SURGICENTER	10	36 1							197.66		.06
	2	15		197.97		197.97	.000		197.97		
HEROIN DETOX CLINIC				222.41		14.83					.07
RURAL HEALTH CLINIC	227	375	DEC 35	38,265.29		102.04	.119		168.57	_	12.17
		CES AND EXPENDITUR	KES MO	ONTH-OF-PAYMENT F	KEPOKT	FUK JAN	∠UU4 THKU	DEC	∠∪∪4	F	PAGE 15,676
MOP024	FEE-FOR-SERVICE		77.05.0	momat	n						03/14/05
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG (JASES.	- TOTAL IN PA-TOT	ľAL		-			~=	
2 145 BLIGTDING	HOFF	INITEO OF OFFICE	_						HLY AVERA		

3,145 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	308	12,865	\$ 126,801.37	\$ 9.86	4.091	\$ 411.69 \$	40.32
DURABLE MED. EQUIP.	29	88	33,323.86	378.68	.028	1149.10	10.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5	1,013.61	202.72	.002	337.87	.32
MEDICAL TRANSPORTATION	59	1,916	9,450.87	4.93	.609	160.18	3.01
AMBULANCES/AIR TRANS	28	288	4,011.04	13.93	.092	143.25	1.28
OTHER TRANS	25	1,624	5,512.00	3.39	.516	220.48	1.75
OTHER SERVICES	7	4	72.17CR	18.04CR	.001	10.31CR	.02CR
ACUPUNCTURE	3	10	173.01	17.30	.003	57.67	.06
ADULT DAY HEALTH CARE CTR	1	15	1,043.70	69.58	.005	1043.70	.33
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	70	1,317.03	18.81	.022	263.41	.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	100	1,069.27	10.69	.032	23.76	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	13	24	47.39	1.97	.008	3.65	.02
PROSTHETIST/ORTHOTISTS	4	11	792.64	72.06	.003	198.16	.25
PROSTHETICS	4	11	792.64	72.06	.003	198.16	.25
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	84.45	42.23	.001	42.23	.03
SPEECH AND AUDIOLOGY	14	31	1,865.15	60.17	.010	133.23	.59
HOSPICE SERVICES	17	456	61,462.32	134.79	.145	3615.43	19.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	61	1,520	11,327.07	7.45	.483	185.69	3.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	71	8,617	3,831.00	. 44	2.740		1.22
@CALIF. CHILDREN SERVICES*	75	538	\$ 26,391.64		.171		8.39
@XOVER EXCLUDING STATE HOSP**	413	3,014	\$ - ,	\$ 41.64	.958	\$ 303.91 \$	39.91

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,677 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

001,0121 0001,11	0011111111 01 011111 011111 01111111111									
				MONTHLY AVERAGE						
543,627 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
@TOTAL, ALL PROVIDERS	308,589	4,891,777 \$	340,790,999.73	\$ 69.67	8.998 \$	1104.35	\$ 626.88			
@PHYSICIANS SERVICES	77 , 925	269,480 \$	10,411,799.49	\$ 38.64	.496 \$	133.61	\$ 19.15			
OUTPATIENT VISITS	40,442	55,130	2,122,855.74	38.51	.101	52.49	3.90			
OFFICE VISITS	22,230	28 , 770	853,252.39	29.66	.053	38.38	1.57			
HOME VISITS	126	163	9,016.20	55.31	.000	71.56	.02			
EMERGENCY ROOM	15,663	19,124	985,036.09	51.51	.035	62.89	1.81			
PREVENTIVE CARE	488	495	19,104.82	38.60	.001	39.15	.04			
OB VISITS/COMPRE PERI	1,371	3,337	175,123.92	52.48	.006	127.73	.32			
OTHER OUTPATIENT	2,843	3,241	81,322.32	25.09	.006	28.60	.15			
INPATIENT VISITS	5 , 616	20,260	1,189,293.90	58.70	.037	211.77	2.19			
HOSPITAL VISITS	4,891	15,885	724,339.31	45.60	.029	148.10	1.33			
CRITICAL CARE	609	3,099	422,769.16	136.42	.006	694.20	.78			
SNF/ICF/TRANS IP CARE	547	1,276	42,185.43	33.06	.002	77.12	.08			
OPHTHALMOLOGICAL SERVICES	1,254	1,573	67 , 023.97	42.61	.003	53.45	.12			
EXAMINATIONS	1,245	1,568	66,696.22	42.54	.003	53.57	.12			
SERVICES AND MATERIALS	9	5	327.75	65.55	.000	36.42	.00			

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	4,712	25 , 779		2,269,896.18		88.05	.047		481.73		4.18
PRINCIPAL SURGEON	3,038	3,722		1,765,514.43		474.35	.007		581.14		3.25
ASSISTANT SURGEON	370	375		68,129.64		181.68	.001		184.13		.13
ANESTHESIOLOGIST	2,057	21,682		436,252.11		20.12	.040		212.08		.80
OUTPATIENT SURGERY	5 , 392	14,394		922,387.24		64.08	.026		171.07		1.70
PRINCIPAL SURGEON	4,337	5,634		722,198.27		128.19	.010		166.52		1.33
ASSISTANT SURGEON	54	54		5,137.88		95.15	.000		95.15		.01
ANESTHESIOLOGIST	1,321	8,706		195,051.09		22.40	.016		147.65		.36
DIALYSIS	398	572		102,219.78		178.71	.001		256.83		.19
PATHOLOGY	6,051	12,820		211,980.78		16.54	.024		35.03		.39
RADIOLOGY	18,341	30,224		1,196,354.89		39.58	.056		65.23		2.20
PSYCHIATRY	7	. 8		234.46		29.31	.000		33.49		.00
IMMUNIZATION AND INJECTION	1,267	12,056		783,775.42		65.01	.022		618.61		1.44
OTHER SERVICES/ALL X-OVERS	19,600	96,664		1,545,777.13		15.99	.178		78.87		2.84
@PHARMACY		1,753,072	\$	52,982,860.46	\$	30.22	3.225	\$	315.77	\$	97.46
PRESCRIPTION DRUGS		619,828		51,680,673.49		83.38	1.140		312.37		95.07
SNF/ICF	10,971	78,071		5,327,027.84		68.23	.144		485.56		9.80
OUTPATIENTS	154,780	541,757		46,353,645.65		85.56	.997		299.48		85.27
MEDICAL SUPPLIES	11,980	1,133,244		1,302,186.97		1.15	2.085		108.70		2.40
@DENTIST	20,429	97,130	\$	3,081,260.70	\$	31.72	.179	\$	150.83	\$	5.67
VISITS - DIAGNOSTIC	15,051	62,158		879,312.92		14.15	.114		58.42		1.62
ORAL SURGERY	3,000	7,617		445,651.09		58.51	.014		148.55		.82
DRUGS	120	132		2,255.43		17.09	.000		18.80		.00
ANESTHESIA	131	134		11,884.00		88.69	.000		90.72		.02
PERIODONTICS	475	520		52,931.22		101.79	.001		111.43		.10
ENDODONTICS	1,368	2,705		293,711.09		108.58	.005		214.70		.54
RESTORATIVE DENTISTRY	6,496	19,628		994,401.09		50.66	.036		153.08		1.83
PROSTHETICS	72	77		1,750.00		22.73	.000		24.31		.00
DENTURES, STAYPLATES		2,661		344,275.78		129.38	.005		375.85		.63
SPACE MAINTAINERS	8.4	103		10,303.00		100.03	.000		122.65		.02
MAXILLOFACIAL SERVICES	37	52		5,450.39		104.82	.000		147.31		.01
FRACTURES, DISLOCATIONS	1	1		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	523	659		36,752.44		55.77	.001		70.27		.07
ALL OTHER SERVICES	544	683		2,582.25		3.78	.001		4.75		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 15,678
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05
SONOMA COUNTY	SUMMARY OF SERVICE	ES FOR TOTAL	CERT	IFIED							
							N	TNO	HLY AVERA	GE -	

							M	OM.	THLI AVERA	LGE.	
543,627 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5,816	17,453	\$	362 , 973.90	\$	20.80	.032	\$	62.41	\$.67
DIAGNOSTIC AND ANC. PROCED	2,868	3,068		129,854.60		42.33	.006		45.28		.24
EYE APPLIANCES	4,643	13,844		215,858.74		15.59	.025		46.49		.40
OTHER OPTOMETRIC SERVICES	380	541		17,260.56		31.90	.001		45.42		.03
@CHIROPRACTOR	421	1,024	\$	16,699.08	\$	16.31	.002	\$	39.67	\$.03
VISITS	395	975		16,089.33		16.50	.002		40.73		.03
OTHER SERVICES	26	49		609.75		12.44	.000		23.45		.00
@PODIATRIST	3,473	6,113	\$	54,972.82	\$	8.99	.011	\$	15.83	\$.10
MEDICINE/INJECTIONS	348	439		12,141.63		27.66	.001		34.89		.02
SURGERY/ANES.	23	27		1,496.51		55.43	.000		65.07		.00
RADIO./PATHOLOGY	13	17		342.54		20.15	.000		26.35		.00
OTHER	3,112	5,630		40,992.14		7.28	.010		13.17		.08
@HOME HEALTH AGENCY	1,696	38,248	\$	1,273,289.72	\$	33.29	.070	\$	750.76	\$	2.34
NURSE ANESTHESIST	21	237	\$	3,243.35	\$	13.69	.000	\$	154.45	\$.01
NURSE MIDWIFE	2,512	20,145	\$	583,542.22	\$	28.97	.037	\$	232.30	\$	1.07
PEDIATRIC NURSE PRACTITIONER	2	3	\$	68.70	\$	22.90	.000	\$	34.35	\$.00

FAMILY NURSE PRACTITIONER	43	63	\$ 1,678.42	\$ 26.64	.000	\$ 39.03	\$.00
@TOTAL HOSPITAL	67 , 353	290,239	\$ 51,011,963.13	\$ 175.76	.534	\$ 757.38	\$ 93.84
HOSP INPATIENT TOTAL	6 , 227	23,974	43,349,153.91	1808.17	.044	6961.48	79.74
HSC HOSPITALS	595	4,317	6,806,340.55	1576.64	.008	11439.23	12.52
NON-HSC HOSPITAL TOTAL	4,424	19,657	35,312,280.41	1796.42	.036	7981.98	64.96
ACCOMMODATIONS	4,417	19 , 657	12,168,751.59	619.05	.036	2754.98	22.38
ADMINISTRATIVE DAYS	24	327	68,210.61	208.60	.001	2842.11	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4,397	19,330	12,100,540.98	626.00	.036	2752.00	22.26
ANCILLARIES	4,423	0	23,143,528.82	.00	.000	5232.54	42.57
INPATIENT CROSSOVERS	1,272	0	1,230,532.95	.00	.000	967.40	2.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	63,621	266,265	7,662,809.22	28.78	.490	120.44	14.10
MEDICAL	20,635	29 , 925	1,090,624.12	36.45	.055	52.85	2.01
SURGERY	5 , 675	6,908	305,902.69	44.28	.013	53.90	.56
PATHOLOGY	18,949	72 , 646	903,925.65	12.44	.134	47.70	1.66
RADIOLOGY	14,386	19 , 473	1,456,261.43	74.78	.036	101.23	2.68
ROOM USE	35 , 513	49,124	1,845,230.43	37.56	.090	51.96	3.39
CROSSOVERS/ALL OTH OUTPINT	25,408	88 , 189	2,060,864.90	23.37	.162	81.11	3.79
@COUNTY HOSPITAL TOTAL	267	1,569	\$ 461,836.84	\$ 294.35	.003	\$ 1729.73	\$.85
CO HOSPITAL INPATIENT TOTAL	35	334	420,173.14	1258.00	.001	12004.95	.77
HSC HOSPITALS	35	310	406,692.07	1311.91	.001	11619.77	.75
NON-HSC HOSPITALS TOTAL	3	24	13,481.07	561.71	.000	4493.69	.02
ACCOMMODATIONS	3	24	5,551.20	231.30	.000	1850.40	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	24	5,551.20	231.30	.000	1850.40	.01
ANCILLARIES	3	0	7,929.87	.00	.000	2643.29	.01
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	244	1,235	41,663.70	33.74	.002	170.75	.08
MEDICAL	86	122	5,334.86	43.73	.000	62.03	.01

SURGERY	51	76	3,050.66	40.14	.000	59.82	.01
PATHOLOGY	77	442	8,123.07	18.38	.001	105.49	.01
RADIOLOGY	38	55	3,176.80	57.76	.000	83.60	.01
ROOM USE	162	279	13,607.31	48.77	.001	84.00	.03
CROSSOVERS/ALL OTH OUTPTNT	131	261	8,371.00	32.07	.000	63.90	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200)4 THRU DE	EC 2004	PAGE 15,679
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
SONOMA COUNTY	SUMMARY OF SERVICES	FOR TOTAL CERT	TIFIED				

SONOMA COUNTY	SUMMARY OF SER	VICES FOR TOTAL (CERTI	FIED					
						MON	ITHLY AVERA	GE	
543,627 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	\subseteq		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	67 , 133	288 , 670	\$	50,550,126.29	\$ 175.11	.531	752.98	\$	92.99
COMM HOSP INPATIENT TOTAL	6 , 194	23,640		42,928,980.77	1815.95	.043	6930.74		78.97
HSC HOSPITALS	560	4,007		6,399,648.48	1597.12	.007	11427.94		11.77
NON-HSC HOSPITALS TOTAL	4,422	19,633		35,298,799.34	1797.93	.036	7982.54		64.93
ACCOMMODATIONS	4,415	19,633		12,163,200.39	619.53	.036	2754.97		22.37
ADMINISTRATIVE DAYS	24	327		68,210.61	208.60	.001	2842.11		.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4,395	19,306		12,094,989.78	626.49	.036	2751.99		22.25
ANCILLARIES	4,421	0		23,135,598.95	.00	.000	5233.11		42.56
INPATIENT CROSSOVERS	1,272	0		1,230,532.95	.00	.000	967.40		2.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	63,414	265,030		7,621,145.52	28.76	.488	120.18		14.02
MEDICAL	20,554	29,803		1,085,289.26	36.42	.055	52.80		2.00
SURGERY	5,625	6,832		302,852.03	44.33	.013	53.84		.56
PATHOLOGY	18,880	72,204		895,802.58	12.41	.133	47.45		1.65
RADIOLOGY	14,354	19,418		1,453,084.63	74.83	.036	101.23		2.67
ROOM USE	35,376	48,845		1,831,623.12	37.50	.090	51.78		3.37
CROSSOVERS/ALL OTH OUTPTNT		87 , 928		2,052,493.90	23.34	.162	81.18		3.78
@STATE HOSPITAL	9,436	291,492	\$		\$ 514.45	.536	15892.12	\$	275.85
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	9,436	291,492		149,958,047.53	514.45	.536	15892.12		275.85
@NURSING FACILITY	10,616	306,539	\$		\$ 123.76	.564	3573.61	\$	69.79
LEV A-INTERMEDIATE	7	271		27,716.68	102.28	.000	3959.53		.05
LEV B-REHAB MD	571	18,679		2,436,617.55	130.45	.034	4267.28		4.48
LEV B-SUBACUTE FREESTANDING	11	346		127,772.56	369.28	.001	11615.69		.24
LEV B-SUBACUTE HSPTL BASED	60	2,065		1,101,336.06	533.33	.004	18355.60		2.03
LEV B-TRANSITIONAL IP CARE	0 9.976	0		.00	.00	.000	.00		.00
LEV B-REGULAR	9,976	285,178		34,244,053.96	120.08	.525	3432.64		62.99
@INTERMEDIATE CARE FACILDD	1,599	49,210	\$		\$ 178.85	.091	5504.05	\$	16.19
ICF DDH	1,114	34,318		5,415,590.63	157.81	.063	4861.39		9.96
ICF DD	10	323		35,832.12	110.94	.001	3583.21		.07
ICF DDN/DDCN	476	14,569		3,349,548.75	229.91	.027	7036.87		6.16
@HEMODIALYSIS TOTAL	1,438	42,045	\$	2,005,448.50	\$ 47.70	.077	1394.61	\$	3.69
HOSPITAL BASED	8	169		66,341.00	392.55	.000	8292.63		.12
HEMODIALYSIS CENTER	1,430	41,876		1,939,107.50	46.31	.077	1356.02		3.57
@REHABILITATION FACILITY	723	9,429	\$	146,533.39	\$ 15.54	.017	202.67	\$.27
HOSPITAL BASED	103	954		21,122.62	22.14	.002	205.07		.04
INDEPENDENT FACILITY	621	8,475		125,410.77	14.80	.016	201.95		.23
@LABORATORY FACILITY	20,119	62,419	\$	949,775.61	\$ 15.22	.115	47.21	\$	1.75
PATHOLOGY	20,030	62,139		947,518.52	15.25	.114	47.30		1.74
XO AND OTHERS	93	280		2,257.09	8.06	.001	24.27		.00
@ORGANIZED OUTPATIENT CLINIC	67 , 906	127 , 997	\$	12,462,522.71	\$ 97.37	.235		\$	22.92
CLINIC	5,383	18,893		706,887.47	37.42	.035	131.32		1.30
SURGICENTER	314	856		73,281.58	85.61	.002	233.38		.13
HEROIN DETOX CLINIC	94	1,229		15,001.75	12.21	.002	159.59		.03

RURAL HEALTH CLINIC 62,349 107,019 11,667,351.91 109.02 .197 187.13 21.46 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,680 03/14/05 SONOMA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

						MO	ONTHLY AVERA	GE	
543,627 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	31,552	1,509,439	\$	8,745,851.69	\$ 5.79	2.777	\$ 277.19	\$	16.09
DURABLE MED. EQUIP.	2,592	10,037		1,544,416.90	153.87	.018	595.84		2.84
BLOOD BANK	24	3,106		13,141.50	4.23	.006	547.56		.02
HEARING AID DISPENSERS	264	435		77,991.24	179.29	.001	295.42		.14
MEDICAL TRANSPORTATION	4,735	254 , 934		1,268,401.70	4.98	.469	267.88		2.33
AMBULANCES/AIR TRANS	2,833	25 , 381		453,674.49	17.87	.047	160.14		.83
OTHER TRANS	1,702	228 , 668		707,722.32		.421	415.82		1.30
OTHER SERVICES	282	885		107,004.89	120.91	.002	379.45		.20
ACUPUNCTURE	267	719		12,277.35	17.08	.001	45.98		.02
ADULT DAY HEALTH CARE CTR	308	3 , 540		246,042.67	69.50	.007	798.84		.45
GENETIC DISEASE TESTING	1,245	1,245		130,533.00		.002	104.85		.24
IHMC, MODEL-NF, NF, AIDS, MSSP	1 , 958	36 , 721		1,477,535.73	40.24	.068	754.61		2.72
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	5,145	11,627		121,929.78	10.49	.021	23.70		.22
PHYSICAL THERAPIST	116	556		7,530.25		.001	64.92		
PORTABLE X-RAY	244	424		2,726.01	6.43	.001	11.17		.01
PROSTHETIST/ORTHOTISTS	375	1,456		223,797.52		.003	596.79		.41
PROSTHETICS	374	1,455		223,701.02	153.75	.003	598.13		.41
ORTHOTICS	1	1		96.50	96.50	.000	96.50		.00
PSYCHOLOGIST	295	944		22,214.08	23.53	.002	75.30		.04
SPEECH AND AUDIOLOGY	1,894	5 , 515			49.90	.010	145.29		.51
HOSPICE SERVICES	594	16,826		2,043,567.94		.031	3440.35		3.76
NONINST BIRTHING CENTERS	94	94		93,337.97		.000	992.96		.17
LOCAL EDUCATION AGENCIES	5 , 620	62 , 796		579,022.02	9.22	.116	103.03		1.07
EPSDT SUPPLEMENTAL SERVICE	5	1,174		28,449.30	24.23	.002	5689.86		.05
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	8,189	1,097,290		577 , 763.93		2.018	70.55		1.06
@CALIF. CHILDREN SERVICES*	3 , 997	153 , 861	\$	9,095,701.20	\$ 59.12	.283	\$ 2275.63	\$	16.73
@XOVER EXCLUDING STATE HOSP**	28,690	677 , 345	\$	5,197,996.47	\$ 7.67	1.246	\$ 181.18	\$	9.56

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.